FRAMEWORK FOR ANNUAL REPORT OF STATE CHILDREN'S HEALTH INSURANCE PLANS UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

Preamble
Section 2108(a) of the Act provides that the State must assess the operation of the State child health plan in each fiscal year, and report to the Secretary, by January 1 following the end of the fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children.

To assist states in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with states to develop a framework for the Title XXI annual reports.

The framework is designed to:

- Recognize the ***diversity*** of State approaches to SCHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their SCHIP programs, **AND**

- Provide ***consistency*** across States in the structure, content, and format of the report, **AND**

- Build on data ***already collected*** by HCFA quarterly enrollment and expenditure reports, **AND**

- Enhance ***accessibility*** of information to stakeholders on the achievements under Title XXI.

FRAMEWORK FOR ANNUAL REPORT OF STATE CHILDREN'S HEALTH INSURANCE PLANS UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

State/Territory: **New Jersey**
(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

(Signature of Agency Head)

SCHIP Program Name (s) NJ FamilyCare

SCHIP Program Type
____ Medicaid SCHIP Expansion Only
_____ Separate SCHIP Program Only
__X__ Combination of the above

Reporting Period **Federal Fiscal Year 2000 (10/1/99-9/30/00)**

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SECTION 1. DESCRIPTION OF PROGRAM CHANGES AND PROGRESS

This sections has been designed to allow you to report on your SCHIP program=s changes and progress during Federal fiscal year 2000 (September 30, 1999 to October 1, 2000).

1.1 Please explain changes your State has made in your SCHIP program since September 30, 1999 in the following areas and explain the reason(s) the changes were implemented.

Note: If no new policies or procedures have been implemented since September 30, 1999, please enter >NC= for no change. If you explored the possibility of changing/implementing a new or different policy or procedure but did not, please explain the reason(s) for that decision as well.

1. Program eligibility –

For families residing in New Jersey with income at or below 133% of the federal poverty level, coverage is available for their children under the Medicaid program (NJ FamilyCare Plan A; formerly NJ KidCare). Household income is defined as the gross income, both earned and unearned, that is available to the eligible unit, less deductions and disregards as described below. The eligible unit is comprised of natural or adoptive parent(s), stepparents (optional), and all blood-related or adoptive siblings under 21 who are living in the household, unless a sibling is omitted by election to omit a stepparent. Since the last report period, there has been an expansion of AFDC-related Medicaid, which provides eligibility for some parents whose children were eligible for Plan A (Medicaid) NJ KidCare. Using the same methodology as is used for the children, an additional disregard is applied to ***earned income only,*** *which is equal to the difference between 133% of the federal poverty level and the AFDC payment standard for the family size being evaluated. When that disregard is applied to earned income, if the total income (earned and unearned) is equal to or less than the applicable AFDC payment standard, the parents are Medicaid eligible, as are siblings between 19 and 21. This new, expanded program is called NJ FamilyCare and now encompasses children who were previously eligible for Medicaid and NJ KidCare.*

If adults and older siblings are not eligible using the modified evaluation, above, the parents are evaluated using no disregards and, if the family income is above the applicable AFDC payment standard, but below 200% FPL, the parents are eligible under a segment of NJ FamilyCare which began as state-funded. As of January 2001 New Jersey has been approved for an 1115 Waiver to receive federal funds to cover parents and pregnant women under 200% FPL. The older sibling(s) would be considered under an additional segment of the NJ FamilyCare program, which allows single adults and couples without dependent children, to be evaluated for state funded eligibility up to 100% FPL, with no deductions or disregards.

With the implementation of the NJ FamilyCare program, an additional group was allowed. All legal aliens who would be eligible for any program except for the five-year bar, are evaluated for the most appropriate program and assigned a special program code within their eligibility record to identify them as state funded NJ FamilyCare recipients. This expansion applies to both newly eligible adults

and children who were previously denied because they did not meet the citizenship requirements.

Under NJ FamilyCare, New Jersey implemented guaranteed coverage for foster children up until the age of 21 regardless of income and resources. This provision is good public policy because it encourages young people to work full time and establish themselves in the labor force without the fear of losing their medical coverage.

In determining family income for Plan A the following deductions and disregards apply:

- *For self-employed, deduct the cost of producing income;*

- *From gross earnings deduct the first $90.00 per month of such earnings for each employed individual in the eligible family, (including earned income of a child under the age of 21 who is not a full-time student) to cover work-related expenses including, but not limited to, transportation and mandatory payroll deductions;*

- *From the remaining earned income, deduct an amount equal to the actual expenditures for childcare, or for care of an incapacitated individual living in the same home as the eligible child, when specific circumstances are met. These deductions are only applicable to earned income and, if one parent works full time and another part time, then only the part time deduction applies. In no event shall this deduction exceed the limits as follows:*

  ⇒ *$175.00 per month, per child age two or older, or incapacitated adult, for full-time employment;*

  ⇒ *$200.00 per month, per child under age two, for full-time employment;*

  ⇒ *$135.00 per month, per child age two or older, or incapacitated adult, for part-time employment;*

  ⇒ *$150.00 per month, per child under age two, for part-time employment.*

- *The following disregard is applied to child support only (not alimony) **received** by a household, regardless of how many children are receiving the child support:*

  ⇒ *$50.00 deducted from the total monthly amount of child support payments.*

- *Total amount of monthly child support and/or alimony **paid out** to another household is deducted.*

Methods for evaluating family income include verification through wage stubs or documentation

from an employer on company letterhead, or statement of the gross benefit amount from any governmental agency providing benefits. All earned and unearned income received within a minimum of a four-week period must be verified and documented. However, for Plan A, if the family has prior medical bills, income verification for the three months prior to application is required in order to determine retroactive eligibility. In cases where documentation of certain income (wages, temporary disability, or unemployment insurance) is difficult to obtain, access to income databases maintained by the New Jersey Department of Labor is available provided that we have the social security number of the employee.

For families with gross income above 133% but at or below 200% of the federal poverty level (NJ FamilyCare Plans B and C for children), a modified benefit package is available, with cost sharing required for families with income above 150% of federal poverty level (NJ FamilyCare Plan C). As of July 1, l999, children in families up to 350% FPL became NJ FamilyCare Plan D, by applying a disregard of all income between 200% and 350% to bring these families down to the 200% FPL limit. This plan, with services limited to those of a commercial HMO plan, is in three tiers, with those whose income before the disregard was up to 250% FPL paying a $30 monthly premium, families whose income is up to 300% FPL would pay a $60 monthly premium, and families with income up to 350% FPL paying a $100 monthly premium. There is no eligibility for adults in this income group.

While children continue to be evaluated and grouped according to the former NJ KidCare configurations, which are related to income, adults in the family category, if they do not qualify for Plan A (Medicaid), are offered Plan D, in terms of the definition of their service package. Their payments, however, will be determined by income. Those whose income is at or less than 150% FPL, will have no premium or co-payment, from 151% to 200% FPL the first adult has a premium of $25 and the second adult an additional $10. There is no family related eligibility above 200% FPL for adults.

Single adults and couples whose income is at or less than 50% FPL, will receive a Medicaid-like service package, with no out-of-pocket payments; those whose income is between 51% and 100% FPL would receive a Plan D service package with no out of pocket payments.

Determining whether a family meets either the 150% or 200% limit, or whether single adults or couples without dependent children meet the 100% limit, is based on a simple calculation of gross income with no deductions or disregards. Household and family income is defined as gross income of the family, including the gross income of the natural or adoptive parent(s) of an eligible child, the spouse of the natural or adoptive parent of an eligible child (if living in the household), unearned income of children in the household who are under 21, and earned income of children under 21 who are not full time students. Household composition and income for the adult-only category consists of either a single person, or a couple.

In accordance with Federal requirements, a child, who meets the eligibility criteria for the Title XXI Medicaid Expansion (NJ FamilyCare Plan A), is not eligible if they are covered by other health insurance at the time of application. Under Medicaid, Title XIX, if a child has health insurance coverage and met all other eligibility requirements, the child would be eligible for Medicaid, as would the child's parents if they qualify for Plan A under the NJ FamilyCare AFDC expansion. The other insurance would be treated as a third party resource with Medicaid remaining payer of last resort. However, under Title XXI, if a child has health insurance coverage, the child will not be eligible for NJ FamilyCare. The key difference between the two cases is that Title XXI children must be uninsured. For children living with a custodial parent or guardian, outreach will be made to the child support agency to determine if the child support order includes medical support.

Unlike NJ KidCare Plans B, C, and D under the Medicaid expansion (NJ FamilyCare Plan A) there is no requirement that the child be uninsured for a certain time period. This is due to the fact that "crowd-out" (see crowd-out indicator) is less of a concern in the lower income population. In addition, it serves to lessen the disparity between the children covered under the Medicaid expansion and other Medicaid eligible children.

Any members of a family who do not qualify for NJ FamilyCare Plan A (Medicaid) must be without commercial health insurance for a minimum of six-months before becoming eligible for NJ FamilyCare. This waiting period does not apply to individuals who had Medicaid within that time period or for families with income at or below 200% FPL who are covered under an individual health plan or COBRA. Exceptions are made to the six-month requirement in certain limited circumstances (for example, prior coverage was lost because an employer went out of business or the employee was laid off), where crowd out concerns are not an issue. If health insurance exists at the time of application, or has existed in the last six months, and is not accessible (i.e., the beneficiary must travel more than 45 minutes one-way to use benefits), it is also exempt from consideration in an applicant's eligibility determination.

Eligibility under the Medicaid and AFDC expansions (NJ FamilyCare Plan A) is applied back to the first day of the month of application, or as of the first day of the first month in which the person meets the eligibility requirements. Retroactive eligibility is available to cover unpaid medical bills for the three months prior to the month of application, if the requirements for eligibility are met in each of the three months. Initially, a monthly eligibility card is issued in accordance with existing Medicaid practices, although this may change with the future application of new technology. This technology may include permanent plastic identification cards with on-line verification. For Medicaid or Medicaid expansion families (NJ FamilyCare Plan A), during the period of time when the family is being enrolled in a specific HMO, all services are available on a fee-for-service basis. The family will be asked to select from participating HMOs covering the county in which they reside. If no selection is made within 45-60 days, the NJ Care 2000 default assignment rules will apply,

which means the family will be automatically assigned to an HMO.

For Title XXI eligibles and NJ FamilyCare non-Medicaid parents and other adults (NJ FamilyCare Plans B, C, and D), a managed care approach that mirrors the commercial insurance environment is used. Under such mainstream plans, enrollment is not effective until the application process is complete, a premium is collected (if applicable), and the individual is enrolled in the managed care plan. However, beginning January 1, 2000 presumptive eligibility is available to these children, as well as others who are Medicaid/NJ FamilyCare Plan A eligible. There is a fee-for-service period for these children until the end of the month following the month presumptive eligibility is determined while enrollment activities are completed. For the additional adult groups, presumptive eligibility is available on a limited basis. An adult may have only one presumptive eligibility period in a lifetime, and will receive only services from a hospital or federally qualified health center, with related pharmacy services. Presumptive eligibility is not available to NJ FamilyCare Plan D children, and retroactive eligibility is only available to NJ FamilyCare Plan A. A default HMO enrollment process is not required.

To ensure that newborns are not denied needed services, including those associated with birth, newborns of mothers eligible for NJ KidCare at the time of delivery or those newborns whose parent(s) have completed an application in the third trimester of the pregnancy, who are deemed potentially eligible based on initial screening, may receive services on a fee-for-service basis until the end of the month following the month of birth.

Families are able to choose among participating HMOs in their county of residence to provide coverage for all eligible family members. The effective date of eligibility, for family members in Plans B, C and D, is the first day of the month of enrollment in a participating HMO. This will usually occur between 15 and 45 days from successful completion of an eligibility determination. Families are allowed to change plans once every 12 months, unless there is good cause to change sooner.

For individuals eligible under Medicaid expansion (NJ Family Care Plan A), the formal fair hearing mechanism is available for appeals involving eligibility determination. Since the inception of the program, 12 families have appealed, all for citizenship issues. One was found eligible without a hearing; all others were either withdrawn or decided in favor of the agency, with one exception, which was in favor of the applicant.

For children denied eligibility under Title XXI (NJ FamilyCare Plans B, C and D), adults who are denied eligibility for state-funded NJ FamilyCare Plan D, or families who are terminated for non-payment of premium, there is a grievance mechanism with administrative review as the first step in the appeal process. This can be followed by a formal appeal, which must be submitted in writing within 10 days of the adverse action notification. If a formal hearing is requested, the State has

outlined a process to be followed. A panel comprised of State staff, who will make recommendations to the Division Director, will hear this appeal. Within 45 days of receipt of the appeal, the DMAHS Director will issue a final agency decision, which is subject to judicial review in the Appellate Division.

The State vendor screens all applicants for potential Medicaid eligibility. Those that involve families already receiving Title XIX benefits through the County Boards of Social Service, or who are eligible for a Medicaid program that can only be evaluated by the county agency are sent to the County Board of Social Services for a determination. Those who appear to meet the standard for cash assistance are encouraged to contact the county agency, but can be determined eligible for NJ FamilyCare by the state vendor. In the adult NJ FamilyCare category, applicant individuals or couples below 50% of the federal poverty level are referred to the County Boards of Social Services for evaluation. For the remaining children with income at or below 133% of the federal poverty level and parents who meet the AFDC Medicaid expansion criteria, a determination will be made whether they are eligible for Medicaid. State staff must make that determination for all such applications received by the vendor.

2. Enrollment process - *No change*

3. Presumptive eligibility –

On January 1, 2000, presumptive eligibility for children began as part of the NJ KidCare program. Children are eligible for Presumptive eligibility in families with income equal to or less than 200% of the FPL (Plans A, B, and C). In September 2000, the presumptive eligibility process was expanded to include adults, as described in Item 1, above, in order to quickly implement the NJ FamilyCare program. Presumptive eligibility for adults in these cases was limited to only a one-time opportunity for eligibility through this mechanism, and the entire process is intended to sunset two years after its implementation.

4. Continuous eligibility –

While there has been no policy adopted to make eligibility "continuous" through a guaranteed eligibility period, the renewal cycle has been expanded from six months to one year, which began July 2000. If there is no change in circumstances which would affect the eligibility status of a family, they are required to be reevaluated only once a year, rather than twice.

5. Outreach/marketing campaigns – *please see section 3*

6. Eligibility determination process – N/A

7. Eligibility renewal process –

In addition to expanding the renewal cycle to one year, changes have been adopted which

require the beneficiary family to reverify only volatile information, such as income. A family is sent a pre-printed form, which includes name, address, and family composition. Information that is stable is not required to be documented and, except for income, even information that may change is only documented if the applicant indicates a change. For the family's convenience a self-addressed stamped envelope is included.

8. Benefit structure – *no change*

9. Cost-sharing policies – *no change*

10. Crowd-out policies – *please see section 2.3*

11. Delivery system – *no change*

12. Coordination with other programs (especially private insurance and Medicaid) – *no change*

13. Screen and enroll process –

Because New Jersey has an integrated application process, which is able to capture many similar categories of Medicaid and SCHIP, absent any obvious bar to eligibility, screening has become more of a final step, than a preliminary one. The State vendor screens all applicants for potential Medicaid eligibility. Those that involve families already receiving Title XIX benefits through the County Boards of Social Service, or who are eligible for a Medicaid program that can only be evaluated by the county agency are sent to the County Board of Social Services for a determination. Those who appear to meet the standard for cash assistance are encouraged to contact the county agency, but can be determined eligible for NJ FamilyCare by the state vendor. Each case is evaluated and, a process of eliminating programs for which the family is not suited by need or income can place the family in the most appropriate program for which it qualifies.

14. Application –

Over the course of the year the NJ FamilyCare application has been revised to make the application process as simple as possible. Certain documentation can now be self-declared, such as residency. We now only require one month worth of income verification down from three months. Although the application specifically makes the parent's social security number optional, we now require a social security number for anyone applying for the program. Also, NJ FamilyCare has on-line access to the Department of Labor wages, unemployment, and disability files. Access to these files better enables us to verify a family's income. New Jersey has also included a section on the application that will capture information regarding child support and medical support. A question is included in the application on whether a family has employer- sponsored insurance available to them, this information will be helpful when

determining eligibility for our Premium Support Program. Our application is user friendly and pleasing to the eye. The feedback from our families and enrollment sites that assist our applicants has been positive.

1.2 Please report how much progress has been made during FFY 2000 in reducing the number of uncovered, low-income children.

1. Please report the changes that have occurred to the number or rate of uninsured, low-income children in your State during FFY 2000. Describe the data source and method used to derive this information.

   Mathematica Policy Research, Inc., used the adjusted estimates based on the 1997 Current Population Survey, which identified 274,475 uninsured NJ FamilyCare and Medicaid children. The total estimated number of uninsured children eligible for NJ FamilyCare is 160,452.

   NJ FamilyCare is broken down into four distinct plans, plans A, B, C, and D. As of September 30, 2000 Plan A (up to 133% FPL) had 42,562 estimated eligible children and 30,450 children enrolled, reducing the percentage by 71.5%. Plan B (134%-150% FPL) had 15,575 estimated eligible children and 7,910 children enrolled, reducing the percentage of uninsured by 50.8%. Plan C (151%-200% FPL) had 37,065 estimated eligible children and 22,592 children enrolled, reducing the percentage by 61.0%. Plan D (201%-350% FPL) had 65,250 estimated eligible children and 12,044 children enrolled, reducing the percentage of uninsured by 18.5%. The NJ FamilyCare program has a total of 73,897children enrolled, reducing the percentage of uninsured by 45.5%.

2. How many children have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information.

   From program inception through September 2000, 52,000 Medicaid eligibles have enrolled as a result of NJ FamilyCare publicity, which would not have otherwise been enrolled. This is based on a direct estimate from Medicaid eligibility, using comparisons with prior year's growth, not from inferences for the CPS, and implies that there are two additional Medicaid eligibles for every three NJ FamilyCare eligibles enrolled.

3. Has your State changed its baseline of uncovered, low-income children from the number reported in your March 2000 Evaluation?

   _X_ No, skip to 1.3

   ____ Yes, what is the new baseline?

What are the data source(s) and methodology used to make this estimate?

What was the justification for adopting a different methodology?

What is the State=s assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Please provide a numerical range or confidence intervals if available.)
Had your state not changed its baseline, how much progress would have been made in reducing the number of low-income, uninsured children?

1.3 Complete Table 1.3 to show what progress has been made during FFY 2000 toward achieving your States strategic objectives and performance goals (as specified in your State Plan).

In Table 1.3, summarize your States strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. Be as specific and detailed as possible. Use additional pages as necessary. The table should be completed as follows:

Column 1:	List your States strategic objectives for your SCHIP program, as specified in your State Plan.
Column 2:	List the performance goals for each strategic objective.
Column 3:	For each performance goal, indicate how performance is being measured, and progress towards meeting the goal. Specify data sources, methodology, and specific measurement approaches (e.g., numerator, denominator). Please attach additional narrative if necessary

Objectives and Performance Goals
Strategic Objectives

- *Conduct an effective outreach program to ensure that individuals responsible for ensuring the health care of uninsured children are aware of the options provided in New Jersey under Title XXI.*

- *Reduce the number of uninsured children as reported in the Current Population Survey by 50%.*

- *Coordinate enrollment with Title XIX to ensure coverage for children previously eligible but not enrolled in the Medicaid program.*

- *Ensure the provision of high quality care that is sensitive to the needs of the beneficiary as evidenced by beneficiary satisfaction surveys.*

- *Provide access to a health care plan with a network adequate to meet the needs of the enrolled children.*

- *Ensure that enrolled children have access to primary and preventive care services, with a special emphasis on hard to reach populations such as adolescents.*

- *Ensure that the enrolled children are actually utilizing available services.*

- *Improve health outcomes for children as measured by certain key indicators.*

Table 1.3

(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
OBJECTIVES RELATED TO REDUCING THE NUMBER OF UNINSURED CHILDREN		
Reduced percentage of low-income uninsured children	• Reduced percentage of uninsured children by 50%	Data Source: Mathematica Policy Research, Inc. Methodology: The adjusted estimates based on the 1997 Current Population Survey identified 274,475 uninsured NJ FamilyCare and Medicaid children. The estimated number of uninsured children eligible for NJ FamilyCare is 160,452. Program Summary: NJ FamilyCare is broken down into four distinct plans, plans A, B, C, and D. As of September 30, 2000 Plan A (up to 133% FPL) had 42,562 estimated eligible children and 30,450 children enrolled, reducing the percentage by 71.5%. Plan B (134%-150% FPL) had 15,575 estimated eligible children and 7,910 children enrolled, reducing the percentage of uninsured by 50.8%. Plan C (151%-200% FPL) had 37,065 estimated eligible children and 22,592 children enrolled, reducing the percentage by 61.0%. Plan D (201%-350% FPL) had 65,250 estimated eligible children and 12,044 children enrolled, reducing the percentage of uninsured by 18.5%. The NJ FamilyCare program has a total of 73,897 children enrolled, reducing the percentage of uninsured by 45.5%.

Table 1.3

(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
Enrollment	• Number of uninsured children as reported in the Current Population Survey • Number of Children enrolled	Data Source: Extract from the Recipient History Master file: NJMMIS Methodology: Number of enrolled children reported on the system by September 30, 2000. Program Summary: 73,897 children were enrolled in the program as of September

Table 1.3

(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
		26, 2000 (this number reflects a point in time).
Employ user friendly enrollment process	• % of applications requested that are completed and returned	Data Source: Eligibility vendor monthly status reports covering 10/1/99-9/30/00 Methodology: Applications requested from the NJ FamilyCare toll free number. Program Summary: From October 1, 1999 to September 30, 2000, 59,295 applications were requested and 47,008 were returned. 79% of the applications requested were completed and returned. Families who have not returned their application within 60 days are mailed a reminder postcard. As of October 2000, 4,573 families sent an application back as a result of the reminder postcard, and 2,914 have been enrolled.
Employ user friendly enrollment process	• Rating of process as part of the customer satisfaction survey	Progress Summary: 2000 CAHPS survey to be initiated in Spring 2001 will include a supplemental question addressing the enrollment process.
Employ user friendly enrollment process	• Track number of complaints regarding enrollment process	Data source: Monthly report from the HBC eligibility vendor detailing all phone calls and letters received from NJ FamilyCare clients. Methodology: number of complaints received by the hotline and mail received.

Table 1.3

(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
		Progress Summary: During the period of October 1, 1999 through September 30, 2000 the state received 205 complaints from the HBC eligibility vendor. NJ FamilyCare evaluates complaints in a timely manner, monitors the incoming calls weekly, and makes procedural changes when necessary. **See Attachment 1 & 2**
OBJECTIVES RELATED TO SCHIP ENROLLMENT		
Must reach target population	Number of enrolled children in Title XXI by age, income, race/ethnic category	Data Source: Eligibility Vendor monthly reports Methodology: A monthly report is generated by the vendor that captures age, income, race, and ethnic category. The report shows that minorities are aware of the NJ FamilyCare program and have enrolled. It captures six categories by ethnicity: Asian, Black, Hispanic, Native American, other, and no response. **See Attachment 3** Program Summary: The NJ FamilyCare office has staff to address minority outreach. The staff is responsible for outreach to all minority groups and the development of partnerships with the NJ FamilyCare program.
Must reach target population	Increased enrollment under Medicaid	Program Summary: From program inception through September 2000, 52,000 Medicaid eligibles have enrolled as a result of NJ FamilyCare publicity, which would not have otherwise been enrolled. This is based on a direct estimate from Medicaid eligibility, using comparisons with prior year's growth, not from inferences from the CPS, and implies that there are two additional Medicaid eligibles for every three NJ FamilyCare eligibles enrolled.

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
Must be culturally appropriate	Number of non English speaking beneficiaries enrolled	Data Source: Monthly Eligibility Vendor (children by language spoken) Methodology: Information received from the application is captured in the system, and reported monthly Progress Summary: The NJ FamilyCare application has been translated into Spanish to facilitate the large Hispanic population in New Jersey. The NJ FamilyCare fact sheet has been translated into seven different languages (Polish, Korean, Spanish, Portuguese, Arabic, French, and Chinese). These languages were the top seven reported by families on the NJ FamilyCare application. The NJ FamilyCare hotline has access to the AT&T language line, which offers translations in 144 languages. From October 1, 1999 to September 30, 2000, 15,850 non-English speaking beneficiaries enrolled. The NJ FamilyCare office hired staff to address minority outreach. The staff is responsible for outreach to all minority groups and the development of partnerships with the NJ FamilyCare program. **See Attachment 4**
Must involve public health community	Number of public health organizations that participate in the outreach program	Data Source: Health related agencies within the Department of Health and Senior Services Program Summary: 12 Federally Qualified Health Centers, 19 Women, Infant, Children (WIC) Nutrition Programs, 111 Local Health Departments, 21 Special Child

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
		Health Services, and 7 Maternal Child Health Consortia are identifying and enrolling children into the program.
Must involve community based organizations	Number of CBO's that participate in the outreach program by county	Data Source: Internal database that includes the name, address, telephone number, and contact person of the agencies involved with community outreach statewide Program Summary: enrollment sites (500) – CBO's, Health Care providers, and Government agencies are participating in outreach activities for NJ FamilyCare at no cost to the program. Their participation ranges from disseminating NJ FamilyCare information to assisting families with completing the application. NJ FamilyCare developed grants with 53 agencies to assist families with the application and enrollment process. The following are categories of the agencies involved: • Outreach and Enrollment grantees – 35 agencies are paid $25 for each successful household enrollment into the program. • Head Start Agencies – 8 agencies are paid $25 for each successful household enrollment into the program. • Hudson County Hispanic Grantees – 5 agencies were paid a total of $373,500 to identify ways to outreach and enroll the Hispanic population in North Jersey. A mid year evaluation was performed and as a result of poor performance we continued the grant with only three grantees.

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
		• RWJ funds – "Covering Kids" pilot – 5 agencies developed coalitions with over 25 agencies to develop ways to increase NJ FamilyCare enrollment.
OBJECTIVES RELATED TO INCREASING MEDICAID ENROLLMENT		
Ensure referral and enrollment of Medicaid eligibles	Number of individuals referred to Title XIX	Data Sources: HBC eligibility vendor monthly report Methodology: The HBC eligibility vendor or the County Board of Social Services can process applications if a family's income is at or below the TANF limits, or has children born before October 1, 1983. If a family has an existing case at the county their application is referred to the County Board of Social Services (BSS) for an eligibility determination. Additionally, these families may qualify for other services available at the county. Progress Summary: From October 1, 1999 to September 30, 2000, 384 applications were transferred to the County Boards of Social Services. **See Attachment 5**
Ensure referral and enrollment of Medicaid eligibles	Tracking enrollment of referrals into XIX	Progress Summary: HBC eligibility monthly reports indicate the number of children enrolled through the County Boards of Social Services. The eligibility vendor screens for eligibility into the Medicaid program. If an individual has an open case at the County Board of Social Services this individual is notified of the transfer for follow-up

Table 1.3

(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
		at the county.
Ensure referral and enrollment of Medicaid eligibles	Increased percentage of Medicaid eligibles enrolled in the program as demonstrated on CPS	Data Sources: Extract from Recipient History Master file: NJMMIS Methodology: Prior years growth in Medicaid Progress Summary: From program inception through September 2000, 52,000 Medicaid eligibles have enrolled as a result of NJ FamilyCare publicity, which would not have otherwise been enrolled.
OBJECTIVES RELATED TO INCREASING ACCESS TO CARE (USUAL SOURCE OF CARE, UNMET NEED)		
Ensure network as reported by plans are actually available	% of providers (FTE) listed who are actually accepting new beneficiaries	Data Sources: Aggregate of provider network files submitted to DMAHS by NJ Care 2000 HMO's Methodology: Query of FTE's for Family Practice and Pediatric PCP's for open or closed panels Numerator: 2185 Denominator: 2427 Progress Summary: It is estimated that 90% of the primary care physicians are accepting new beneficiaries at any given time.

Table 1.3

(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
Pediatric Specialists	Number of specialists who limit practice to pediatrics	Data Sources: Aggregate of provider network files submitted to DMAHS by NJ Care 2000 HMO's Methodology: A query on unique provider names by specialty Progress Summary: The HMO network has 1,452 Pediatricians, 1,279 Family Practitioners, and 898 pediatric specialists.
Mental Health Services	A narrative description of the plans' pediatric mental health provider network, including the number and type of Mental Health providers specially trained to treat children and adolescents	Data Source: ADCLMCA Paid Claims Focus File Methodology: Paid claims for children less than 18 years of age. The procedure codes were used for the following services Psychiatric diagnosis, therapy testing, psychotherapy, management, and counseling. Progress Summary: Mental Health services are a managed care carve out from the standard benefit package. 125 mental health clinics have been identified as serving the NJ FamilyCare population statewide.

Table 1.3

(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
Dental Services	• A narrative description of the plans' dental provider network, including the number and type of dental providers specially trained to treat children • % primary care dentists (FTE's) • % pediatric dental specialists	Data Sources: Aggregate of provider network files submitted to DMAHS by NJ Care 2000 HMO's Methodology: Query of unique provider names by specialty Progress Summary: • All of the HMO's have contracts with primary care dentists and specialists including orthodontists, prosthodontists, endodontists, periodontists, and oral surgeons. They are required to maintain a primary care dental ratio of 1 per 1,500 members. • The dental network has 665 general dentists available for pediatric members. • The dental network has 287 dental specialists, of these 62 are orthodontists.
Children's access to primary care providers	% of Title XXI enrolled children by age category that had a visit with a health plan primary care provider during the reporting year or the year proceeding reporting year	Data Sources: Methodology: Progress Summary: Information to be submitted at a later date.

Table 1.3

(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
Well child visits in the first 15 months of life	% of members who turned 15 months during the reporting year and who receive either zero, one, two, three, four, five, six, or more well child visits with a primary care provider during the first 15 months of life	Progress Summary: Information to be submitted at a later date.
Well child visits in the third, fourth, fifth, and sixth year of life	% of members who were 3, 4, 5, or 6 years old during the reporting year and who received one or more well-child visits with a primary care provider during the reporting year	Progress Summary: Information to be submitted at a later date.

Table 1.3

(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
Adolescent well care visits	% of members who are 12 through 18 years of age during the reporting year who have had at least one comprehensive well-care visit with a primary care provider during the reporting year	Progress Summary: Information to be submitted at a later date.
OTHER OBJECTIVES/ HEATLH OUTCOMES		
Childhood immunization status	% of children in plan who have received appropriate immunizations by their 2nd birthday	Progress Summary: Information to be submitted at a later date.
Adolescent immunization status	% of 13 year olds in plan who receive all appropriate immunizations by their 13th birthday	Progress Summary: Information to be submitted at a later date.
Lead Screening	% of children in plan who	Progress Summary: Information to be submitted at a later date.

	have received appropriate lead screenings by their 6th birthday	
OTHER OBJECTIVES/ QUALITY-BENEFICIARY SATISFACTION WITH CARE		
Expand NJ participation in CAHPS demonstration to include all children covered under Title XXI	Adjust statistically valid samples to include Title XXI population	Progress Summary: The CAHPS demonstration began including Title XXI children for the 1999 CAHPS survey. NJ KidCare enrollees were surveyed about their satisfaction with various aspects of health care, including, personal doctors and nurses, specialists, accessibility of health care, special medical equipment and therapy, dental care, well child care, and customer service.

SECTION 2. AREAS OF SPECIAL INTEREST

This section has been designed to allow you to address topics of current interest to stakeholders, including; states, federal officials, and child advocates.

2.1 Family coverage:

A. If your State offers family coverage, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other program(s). Include in the narrative information about eligibility, enrollment and redetermination, cost sharing and crowd-out.

As of September 1, 2000 New Jersey offers a state funded program that will insure uninsured parents/caretakers up to 200% FPL and, single adults and couples without dependent children up to 100% FPL. Eligibility for the NJ FamilyCare program is based on family size and monthly income. On September 26, 2000 New Jersey submitted a request for an 1115 waiver to cover parents and pregnant women up to 200% of the FPL. On January 18, 2001 New Jersey's 1115 Waiver was approved by the Health Care Financing Administration to receive federal funds for the parents and pregnant women with income up to 200% of the FPL.

Eligibility Groups include the following children and adults:

AFDC Medicaid Expansion

Parents and dependent children (insured and uninsured) with earned incomes at or below 133% FPL, including Medicaid Special for children to age 21;

- *Receive the same benefits as a Medicaid beneficiary enrolled in New Jersey care 2000 managed care program*
- *The County Boards of Social Service or the state vendor can determine eligibility.*
- *Eligibility begins with established month, i.e. date of application no earlier than 9/1/00. Retroactive benefits no earlier than July 1, 2000*
- *Fee for Service benefits until enrollment into managed care*

NJ FamilyCare

Parents/caretakers of dependent children (uninsured) who do not qualify for AFDC but are below 150% FPL; parents/caretakers with unearned income below 133% FPL; including legal permanent residents regardless of date of entry;

- *Receive an adult benefits package similar to NJ FamilyCare Plan D services*
- *No monthly premium payment or co-payments*
- *The state vendor determines eligibility.*
- *Eligibility begins in the month of managed care enrollment.*

Parents/caretakers of dependent children (uninsured with income above 150% but below 200%

FPL; including legal permanent residents regardless of date of entry;

- *Receive an adult benefits package similar to NJ FamilyCare Plan D services*
- *$25.00 monthly premiums for the first adult and $10.00 for the second adult, with applicable co-pays*
- *The state vendor determines eligibility.*
- *Eligibility begins in the month of managed care enrollment.*

Single adults and couples (insured and uninsured) without dependent children eligible for Work First New Jersey/General Assistance (WFNJ/GA) cash benefits;

- *Receive an enhanced medical service package similar to Medicaid benefits*
- *The County Boards of Social Service determines eligibility*
- *Eligibility begins with established month, i.e., date of application no earlier than 9/1/00.*
- *Fee for Service benefits until enrollment into managed care*
- *No monthly premiums or co-payments*

Single adults and couples (uninsured) without dependent children with income at or below 50% FPL, including legal permanent residents;

- *Receive a medical service package similar to Medicaid benefits*
- *The County Boards of Social Service determines eligibility*
- *Eligibility begins with established month, i.e. date of application no earlier than 9/1/00. Fee for service benefits until enrollment into managed care*
- *No monthly premiums or co-payments*

Single adults and couple (uninsured) without dependent children with income at or below 100%FPL, including legal permanent residents regardless of date of entry.

- *Receive an adult benefits package similar to NJ FamilyCare Plan D services*
- *The state vendor determines eligibility*
- *Eligibility begins in month of managed care enrollment.*
- *No monthly premiums and co-payments*

Legal qualified immigrants, including permanent residents are eligible for the NJ FamilyCare program regardless of date of entry.

Presumptive eligibility (PE) is offered under the NJ FamilyCare program. Adults will receive PE coverage that is limited to hospitals and Federally Qualified Health Centers (FQHC) services and related pharmacy.

Enrollment and Renewal is the same as NJ FamilyCare.

Crowd Out for NJ FamilyCare

Families under 133% FPL and single adults under 50% FPL do not have to be uninsured before they can enroll in NJ FamilyCare. Families between 134% and 200% FPL and single adults between 51% and 100% FPL cannot have been covered under an employer-sponsored insurance

for 6 months prior to application. The waiting period has been eliminated for families paying from an individual health plan or Cobra. These families must be at or below 200% FPL. Also, exceptions will be made to the six-month requirement:

- *If prior coverage was lost because an employer went out of business or the employee was laid off or changed jobs.*
- *However, if the caregiver changed jobs and is eligible for group insurance at the new job it must be more expensive than the NJ FamilyCare rate.*

2. How many children and adults were ever enrolled in your SCHIP family coverage program during FFY 2000 (10/1/99 -9/30/00)?

   From September 2000 through the end of December 2000, 53,460 adults have been enrolled in the NJ FamilyCare program.

2.2 Employer-sponsored insurance buy-in:

1. If your State has a buy-in program, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other SCHIP program(s).

   The Division of Medical Assistance and Health Services is presently developing a Premium Support Program (PSP) under the NJ FamilyCare program. The program is designed to provide financial assistance to eligible adults, children, and families to acquire Employer-Sponsored Insurance benefits.

2. How many children and adults were ever enrolled in your SCHIP ESI buy-in program during FFY 2000?

   There were no children enrolled in the "SCHIP ESI buy-in program" as of September 30, 2000. The NJ FamilyCare/Premium Support Program will be implemented in the near future.

3. How do you monitor cost-effectiveness of family coverage?

   The NJ FamilyCare/Premium Support Program (PSP) will conduct a cost-effectiveness test on all cases identified to be potentially eligible to participate in the PSP. The State has contracted with a nationally recognized consulting firm to produce an actuarially valid cost-effectiveness model that will be use in the determination process of all potential PSP cases. The model is being designed to calculate the cost per case to participate in the NJ FamilyCare program as compared to the cost to buy-in to an employer-sponsored insurance. Enrollment in ESI coverage will only be pursued if the cost to the State and family combined is less than what it would cost the State to provide coverage under the State-contracted plan. Cost effectiveness will be monitored annually and whenever a significant change in employer plan or beneficiary employment occurs.

2.3 Crowd-out:

1. How do you define crowd-out in your SCHIP program?

   See Crowd-Out indicator below.

2. How do you monitor and measure whether crowd-out is occurring?

   A section of the NJ FamilyCare application addresses the issue of existing health insurance. It asks specific questions regarding families' insurance status. The HBC/Eligibility Vendor monthly reports detail the number of families that are applying that currently have health insurance or had health insurance in the last 6 months.

3. What have been the results of your analyses? Please summarize and attach any available reports or other documentation.

   See Crowd-Out indicator below.

4. Which anti-crowd-out policies have been most effective in discouraging the substitution of public coverage for private coverage in your SCHIP program? Describe the data source and method used to derive this information.

   See Crowd-Out indicator below.

"Crowd-Out" Indicators

If a family were to drop employer or individual coverage they already have for their children in order to take advantage of state subsidized coverage, then the NJ FamilyCare program would result in a "crowd-out" of existing coverage. The purpose of the federal law was to provide health insurance coverage to uninsured children, not to replace existing coverage. In fact, the federal law requires states to include a description of the procedures to be used to ensure that the insurance provided under the State Child Health Plan does not substitute for coverage under group health plans. In New Jersey, the look back period serves this purpose.

Initially, the look back period for NJ KidCare Plans B and C was set at 12 months. This mirrored the look back period used under the Health Access program, a State run program that provided health insurance for uninsured families. However, when NJ FamilyCare was implemented, the Department pledged to review this policy after the program was in place and, if feasible, reduce the look back period. The culmination of this review supports the premise that dropping the period of

uninsurance from twelve to six months would not markedly increase the risk of "crowd-out" or increase program costs, since it is estimated that only 6,478 additional children under the initial income categories would be eligible for the program as a result of this change.

Under NJ FamilyCare Plans B, C, and D the six-month waiting period still applies to those children who are covered under an employer-sponsored group plan. As of July 1, 1999 the waiting period has been eliminated for families purchasing health care coverage from an individual plan or COBRA. These families income must be at or below 200 percent of the FPL. Also, exceptions will be made to the six-month requirement:

- *If prior coverage was lost because an employer went out of business or the employee was laid off or changed jobs.*
- *However, if the caregiver changed jobs and is eligible for group insurance at the new job it must be more expensive than the NJ KidCare rate.*

New Jersey's experience with "crowd out" of existing coverage over the last three years indicates that families are not dropping their health care coverage to become eligible for NJ FamilyCare. However, New Jersey is concerned with the possibility of employer "crowd out." The implementation of the Premium Support Program should eradicate this concern. The Premium Support Program is in the initial stages of development to work with small businesses to provide health care coverage for uninsured employees and their families. The Premium Support Program will include children in families with income up to 200% of poverty that have access to employer sponsored insurance. Under this program, the state would help the parent purchase employer sponsored coverage if it would cost the state less to do so than if the family were enrolled in NJ FamilyCare.

NJ FamilyCare ELIGIBILITY UNIT CROWD OUT REPORT October 1999 through September 2000			
Month	**Reason**		**Total**
	Currently Has Health Insurance	**Had Health Insurance in the Last 6 months**	
October 1999	20	(6)	26
November 1999	255	10	265
December 1999	120	5	125
January 2000	51	3	54
February 2000	102	4	106
March 2000	99	(4)	103
April 2000	104	3	107
May 2000	134	12	146
June 2000	156	7	163
July 2000	118	6	124
August 2000	100	24	124
September 2000	113	16	129
Total	**1372**	**100**	**1472**

2.4 Outreach:

1. What activities have you found most effective in reaching low-income, uninsured children? How have you measured effectiveness?

2. Have any of the outreach activities been more successful in reaching certain populations (e.g., minorities, immigrants, and children living in rural areas)? How have you measured effectiveness?

3. Which methods best reached which populations? How have you measured effectiveness?

Media Analysis
October 1999 – September 2000

In an effort to see which media vehicles are working the most efficiently and effectively for NJ FamilyCare, a media analysis was developed by The Star Group, our media contractor, based on responses to date, and the media utilized. This analysis captures the effectiveness of our television, radio, and print materials.

Three charts have been created utilizing the following data:

Health Benefits Coordinator/HMO Enrollment - A report of the number of phone-calls per week, and a survey of respondents to one question – How did you hear about NJ FamilyCare? This report/survey was provided by Maximus, Inc. Maximus did not provide reporting the week of 11/29/99 - 12/3/99; therefore, it is not included in the analysis.

Health Benefits Coordinator/Eligibility Determination - A report of the number of written applications per month and the respondents to one question – Where did you first learn of NJ FamilyCare? This report/survey was provided by Birch & Davis Health Management Corporation.

The media plan of what and when each advertising vehicle was utilized (including PSAs).

There are many variables in this research. The responses provided by both surveys are limited and not an accurate measurement of consumer awareness. Both surveys asked only unaided questions and no probing was initiated. These surveys do not take into account the synergy of all the media working together. In addition, lag time was not considered (the actual time a consumer saw the message and reacted to the message). The combination of these variables potentially allows for an unacceptable margin of error in recall.

This data can be used only as a guideline and assumptions are made based on when and how the messages were delivered, and the respondent data provided.

The analysis per medium based on the aforementioned data is:

• Billboard/Bus Posters - NJ FamilyCare messages were up for three months during the survey period. The HBC/HMO Enrollment survey shows a higher level of awareness during the advertising months and immediately following, while the HBC/Eligibility Determination survey only shows the first month of the campaign period scoring well. According to the HBC/HMO Enrollment survey, the bus/billboards did fairly well compared to the other media vehicles; however, the HBC/Eligibility Determination survey shows the billboards/bus posters scoring very low compared to the other vehicles surveyed.

• Mailing/Insert - According to HBC/Eligibility Determination surveys there was a high level of acknowledgement for this medium. While the HBC/HMO Enrollment survey shows the number of phone calls decreasing throughout the survey period, the HBC/Determination survey shows the number of written applications increasing.

• Newspapers - According to HBC/HMO Enrollment, newspapers have an extremely high response rate during the campaign period when ads were placed. However, the 2000 campaign is not as strong, but the two months following are very strong. Perhaps this is due to lag time. Both surveys confirm newspapers have been a strong medium for NJ FamilyCare.
• Broadcast - The two surveys differ greatly. HBC/Eligibility Determination combined television and radio responses, therefore not

showing a clear picture of the differences between the two media vehicles. The combined broadcast responses have the highest response rate. According to HBC/HMO Enrollment, both radio and cable television ranked very high during the campaign period.

• Internet, magazine and movie theater - Only HBC/HMO Enrollment measured these media vehicles. The response, in turn, was extremely low.

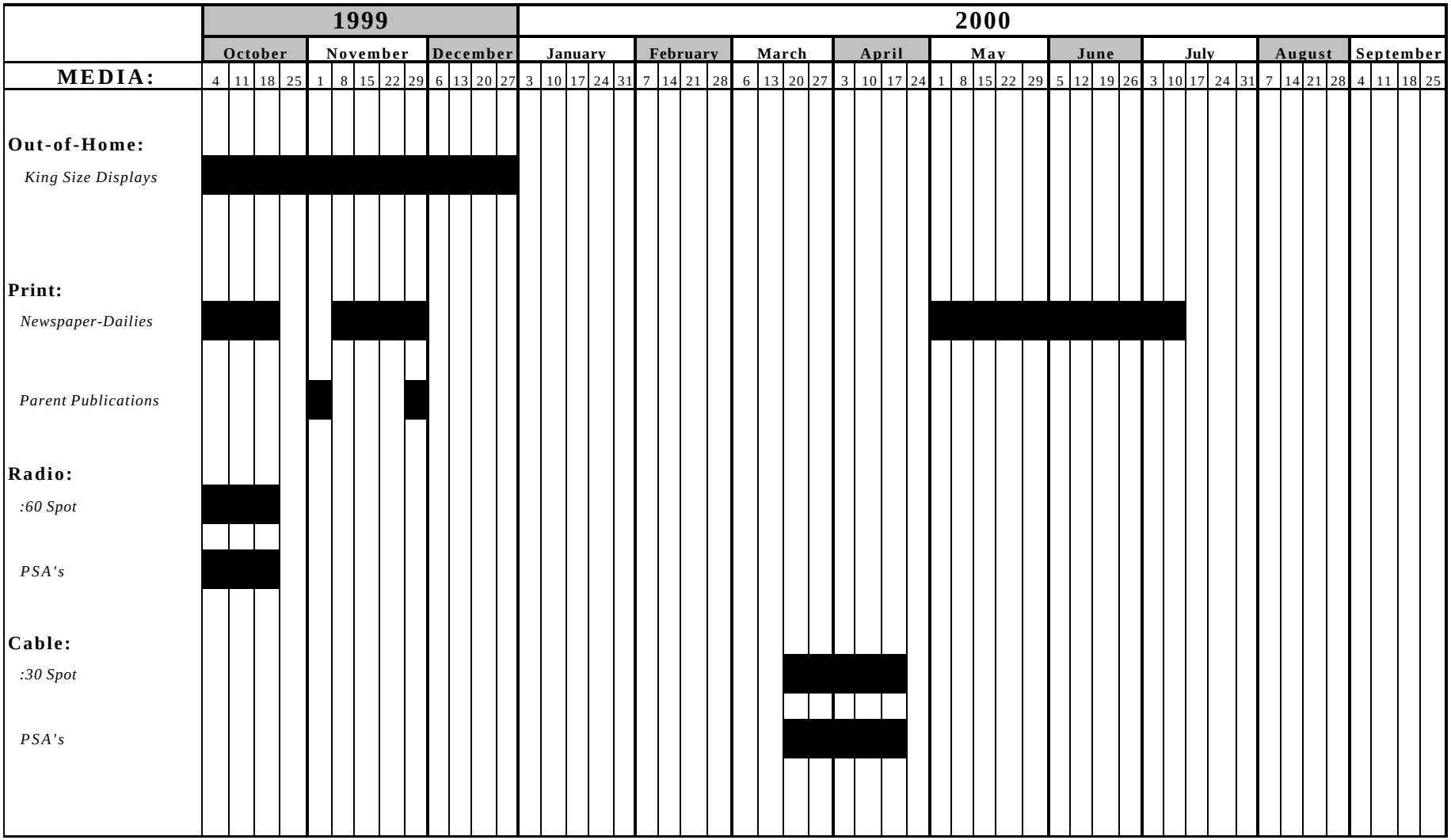
The created percentages based on the number of responses per medium as well as a ranking of each medium:

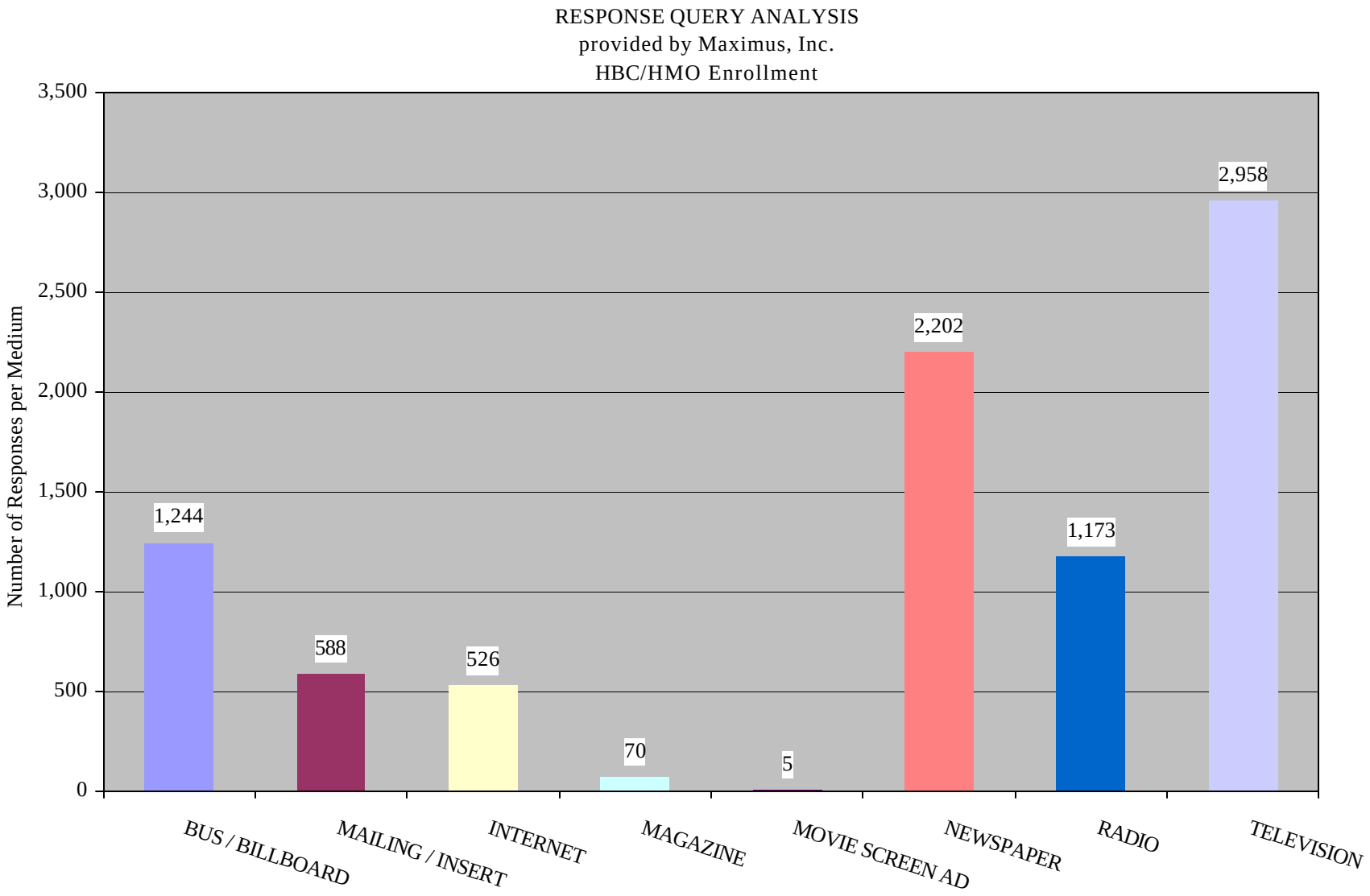
	HBC/ Eligibility Determination	*HBC/ HMO Enrollment*	*Combined Ranking*
Broadcast	*47%*	*47%*	*5**
Newspaper	*23%*	*25%*	*4*
Mailing/Insert	*30%*	*7%*	*3*
BB/Bus Poster	*1%*	*14%*	*2*
Other	*NA*	*7%*	*1*

**highest*

Conclusion: The advertising agency's best assumption confirms the strength in our current strategy of utilizing broadcast and print. As stated previously, the responses provided by both surveys are limited and not an accurate measurement of consumer awareness. Overall the HBC/Eligibility Determination survey showed a steady increase in responses for all mediums during the survey period. This could mean that in general consumers are growing more aware of NJ FamilyCare.

NJ FAMILYCARE
Campaigns FY '99 & FY' 00




RESPONSE QUERY ANALYSIS
provided by Maximus, Inc.
HBC/HMO Enrollment
Number of Responses per Medium
3,500
3,000
2,500
2,000
1,500
1,000
500
0
1,244
588
526
70
5
2,202
1,173
2,958
BUS / BILLBOARD
MAILING / INSERT
INTERNET
MAGAZINE
MOVIE SCREEN AD
NEWSPAPER
RADIO
TELEVISION

NJ FAMILYCARE
MEDIA ANALYSIS 10/99-9/00
HBC/HMO ENROLLMENT

	APPLICANT'S RESPONSE FROM PHONE INQUIRIES							
WEEK OF:	**BUS / BILLBOARD**	**MAILING / INSERT**	**INTERNET**	**MAGAZINE**	**MOVIE SCREEN AD**	**NEWSPAPER**	**RADIO**	**TELEVISION**
09/ 25/ 00 - 09/ 29/ 00	18	11	8	3	1	35	11	30
09/ 18/ 00 - 09/ 22/ 00	17	9	4	2	0	20	10	36
09/ 11/ 00 - 09/ 15/ 00	19	4	10	2	0	29	13	47
09/ 04/ 00 - 09/ 08/ 00	20	4	5	2	0	26	11	37
08/ 28/ 00 - 09/ 01/ 00	21	5	3	1	0	47	10	45
08/ 21/ 00 - 08/ 25/ 00	14	4	12	1	0	39	9	48
08/ 14/ 00 - 08/ 18/ 00	19	2	4	2	0	54	9	48
08/ 07/ 00 - 08/ 11/ 00	11	10	6	1	0	49	15	50
07/ 31/ 00 - 08/ 04/ 00	14	10	10	3	0	29	7	63
07/ 24/ 00 - 07/ 28/ 00	18	9	6	0	0	36	5	50
07/ 17/ 00 - 07/ 21/ 00	16	9	4	2	0	48	14	54
07/ 10/ 00 - 07/ 14/ 00	21	7	7	5	0	59	14	64
07/ 03/ 00 - 07/ 07/ 00	9	6	3	2	0	31	6	43

Campaign Period

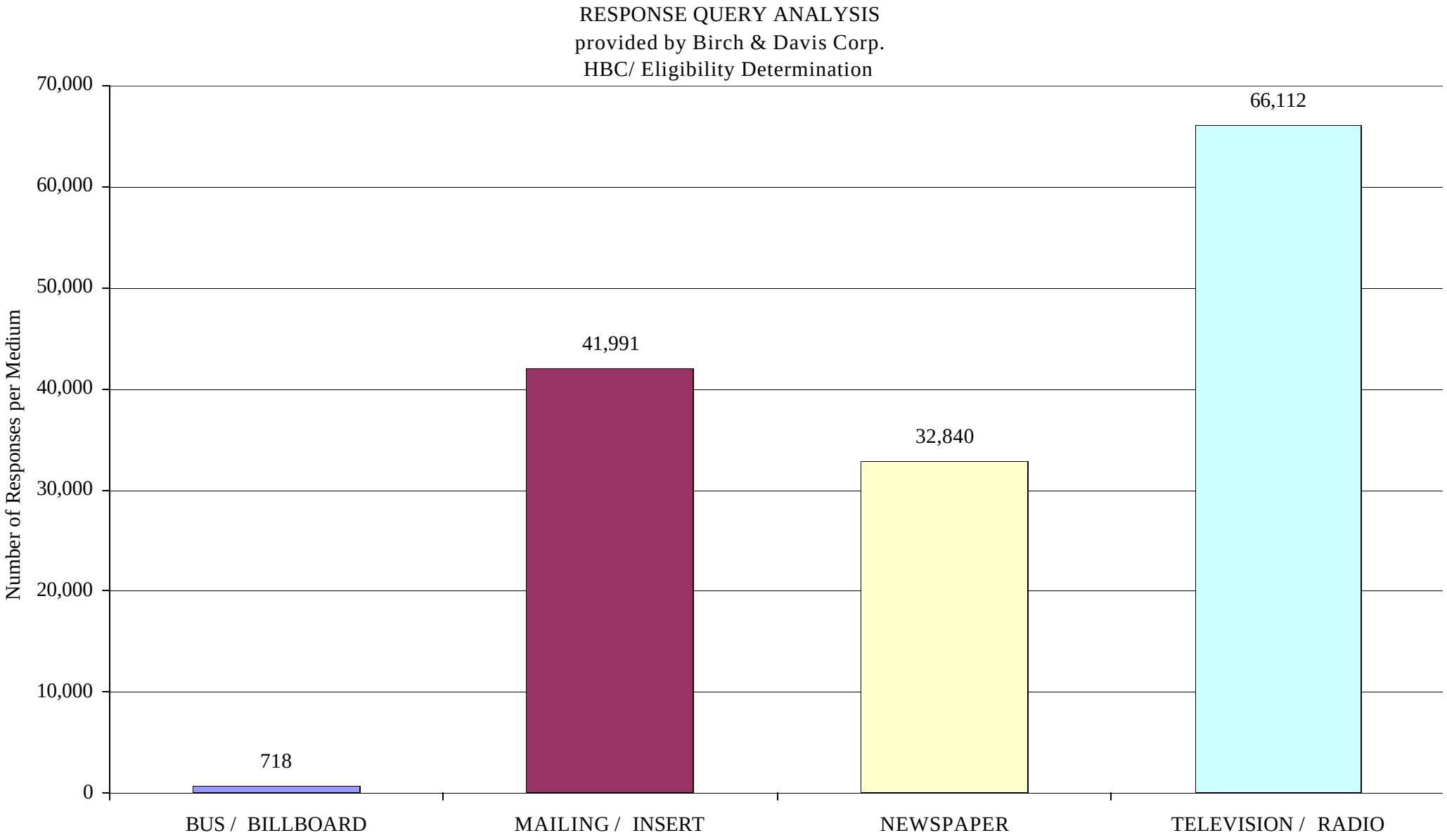
	APPLICANT'S RESPONSE FROM PHONE INQUIRIES							
WEEK OF:	BUS / BILLBOARD	MAILING / INSERT	INTERNET	MAGAZINE	MOVIE SCREEN AD	NEWSPAPER	RADIO	TELEVISION
06/ 26/ 00 - 06/ 30/ 00	15	9	4	0	0	22	8	37
06/ 19/ 00 - 06/ 23/ 00	16	5	10	2	0	27	4	47
06/ 12/ 00 - 06/ 16/ 00	21	9	8	1	0	32	3	46
06/ 05/ 00 - 06/ 09/ 00	22	7	10	2	0	35	6	65
05/ 29/ 00 - 06/ 02/ 00	16	2	5	1	0	27	5	47
05/ 22/ 00 - 05/ 26/ 00	17	7	14	1	0	31	6	44
05/ 15/ 00 - 05/ 19/ 00	12	6	10	1	0	20	12	49
05/ 08/ 00 - 05/ 12/ 00	12	4	8	8	1	36	10	51
05/ 01/ 00 - 05/ 05/ 00	16	10	7	1	0	21	19	76
04/ 24/ 00 - 04/ 28/ 00	26	4	10	2	0	22	7	88
04/ 17/ 00 - 04/ 21/ 00	17	7	81	0	0	27	10	55
04/ 10/ 00 - 04/ 14/ 00	24	6	9	1	1	69	16	87
04/ 03/ 00 - 04/ 07/ 00	22	18	5	2	0	23	13	91
03/ 27/ 00 - 03/ 31/ 00	28	8	11	4	0	34	11	101
03/ 20/ 00 - 03/ 24/ 00	21	8	4	2	0	39	16	62
03/ 13/ 00 - 03/ 17/ 00	31	16	10	0	0	50	9	71
03/ 06/ 00 - 03/ 10/ 00	31	9	14	0	0	31	11	50
02/ 28/ 00 - 03/ 03/ 00	25	8	9	1	0	44	8	51
02/ 21/ 00 - 02/ 25/ 00	18	7	3	0	0	26	13	41
02/ 14/ 00 - 02/ 18/ 00	33	10	6	0	1	29	20	50
02/ 07/ 00 - 02/ 11/ 00	22	8	12	2	0	37	5	70
01/ 31/ 00 - 02/ 04/ 00	28	11	14	4	1	34	16	56
01/ 24/ 00 - 01/ 28/ 00	30	14	9	2	0	38	9	41
01/ 17/ 00 - 01/ 21/ 00	28	14	3	0	0	47	17	47
01/ 10/ 00 - 01/ 14/ 00	47	18	10	0	0	38	16	71
01/ 03/ 00 - 01/ 07/ 00	40	21	14	1	0	53	31	53

Campaign Period

	APPLICANT'S RESPONSE FROM PHONE INQUIRIES								
WEEK OF:	**BUS / BILLBOARD**	**MAILING / INSERT**	**INTERNET**	**MAGAZINE**	**MOVIE SCREEN AD**	**NEWSPAPER**	**RADIO**	**TELEVISION**	
12/ 27/ 99 - 12/ 31/ 99	20	11	73	0	0	27	14	55	
12/ 20/ 99 - 12/ 25/ 99	25	9	6	0	0	32	15	40	
12/ 13/ 99 - 12/ 17/ 99	26	17	7	0	0	71	26	62	
12/ 06/ 99 - 12/ 10/ 99	31	6	9	0	0	62	14	53	
11/ 29/ 99 - 12/ 03/ 99	*	*	*	*	*	*	*	*	
11/ 22/ 99 - 11/ 26/ 99	22	13	3	0	0	40	11	39	
11/ 15/ 99 - 11/ 19/ 99	41	21	6	1	0	79	42	80	
11/ 08/ 99 - 11/ 12/ 99	24	15	6	1	0	81	43	69	
11/ 01/ 99 - 11/ 05/ 99	46	27	7	1	0	35	39	63	
10/ 25/ 99 - 10/ 29/ 99	35	13	6	0	0	58	66	48	
10/ 18/ 99 - 10/ 22/ 99	38	19	9	0	0	85	149	68	
10/ 11/ 99 - 10/ 15/ 99	21	13	1	0	0	69	159	79	
10/ 04/ 99 - 10/ 08/ 99	43	37	7	1	0	86	137	70	
09/ 27/ 99 - 10/ 01/ 99	37	51	4	2	0	83	23	70	
Total Responses:	1,244	588	526	70	5	2,202	1,173	2,958	8,766
	14%	7%	6%	1%	0%	25%	13%	34%	

Campaign Period

* There was no data provided for this time period.


RESPONSE QUERY ANALYSIS
provided by Birch & Davis Corp.
HBC/ Eligibility Determination
Number of Responses per Medium
70,000
60,000
50,000
40,000
30,000
20,000
10,000
0
718
41,991
32,840
66,112
BUS / BILLBOARD
MAILING / INSERT
NEWSPAPER
TELEVISION / RADIO

NJ FAMILYCARE
MEDIA ANALYSIS 10/99-9/00
HBC/ELIGIBILITY DETERMINATION

	APPLICANT'S RESPONSE FROM WRITTEN APPLICATIONS				
MONTH	**BUS / BILLBOARD**	**MAILING / INSERT**	**NEWSPAPER**	**TELEVISION / RADIO**	
October-99	83	2,793	2,213	3,738	
November-99	56	3,010	2,354	4,227	
December-99	56	3,104	2,428	4,432	
January-00	56	3,279	2,548	4,836	
February-00	56	3,379	2,633	5,116	
March-00	56	3,474	2,706	5,385	
April-00	56	3,578	2,769	5,681	
May-00	57	3,720	2,885	6,050	
June-00	59	3,781	2,964	6,269	
July-00	60	3,856	3,026	6,493	
August-00	61	3,966	3,123	6,829	
September-00	62	4,051	3,191	7,056	
Total Responses:	718	41,991	32,840	66,112	141,661
	1%	30%	23%	47%	

Campaign Period

2.5 Retention:

1. What steps is your State taking to ensure that eligible children stay enrolled in Medicaid and SCHIP?

   The Medicaid Bureau of Quality Control, as part of its Negative Case Action Project, conducts telephone surveys of families slated to lose their SCHIP/Medicaid coverage at the end of the following month for failure to return the renewal form. The activity involves contacting each family by telephone and conducting a survey to determine if or why they had not returned the renewal forms, what medical coverage their children presently have and if they had any concerns with obtaining benefits or using the NJ FamilyCare hotline. Some families state that they did not receive their renewal applications, in which case another application is mailed out to them. If they state that their application was completed and returned, the eligibility-determining agency is alerted that the family reported that they have applied for an eligibility renewal. A report is generated monthly and the survey findings are reported to the appropriate managers for administrative review and actions. As a result of the telephone survey 82% of families surveyed renewed their NJ FamilyCare insurance.

   Also for Plan A families the renewal cycle was changed from 6 months to twelve months, which we feel will help retain more children who might have otherwise been dropped.

   NJ FamilyCare is committed to making the application and renewal process as simple as possible for its families. As a result, New Jersey has simplified much of its language with words that families are familiar with and mirror the commercial market.

2. What special measures are being taken to reenroll children in SCHIP who disenroll, but are still eligible?

__X__ Follow-up by caseworkers/outreach workers
__X__ Renewal reminder notices to all families
____ Targeted mailing to selected populations, specify population _____
____ Information campaigns
__X__ Simplification of re-enrollment process, please describe – *A family's eligibility is renewed every 12 months, using a pre-printed form 60 days prior to the renewal date. For the family's convenience a self-addressed stamped envelope is included. The family is required to only verify volatile information such as, income. Information that is stable is not required to be documented. If a family has not responded to their renewal in 30 days, a reminder notice is sent. If no response, the family will be outreached through a telephone call. If no response 15 days prior to the renewal date, a termination notice will be sent.*
__X__ Surveys or focus groups with disenrollees to learn more about reasons for disenrollment, please describe – *NJ FamilyCare is in the process of conducting surveys with enrollees and disenrollees.*
__X__ Other, please explain – *Presumptive eligibility ties the need for services into the ability of a family to re-enroll in either Medicaid or SCHIP, even after a lapse in eligibility. Together with a vigorous application assistance process on the part of most hospitals, which are also enrollment sites, many more children can be retained or recaptured when medical care is needed.*

3. Are the same measures being used in Medicaid as well? If not, please describe the differences.

   Yes the same measures are used for Medicaid cases maintained by the state vendor, as the programs are integrated. For cases maintained by the county agencies, they are outreached by mail.

4. Which measures have you found to be most effective at ensuring that eligible children stay enrolled?

   Reenrollment presents both challenges and opportunities for New Jersey. In the early implementation phases, New Jersey ensured accessibility and understanding of the program by simplifying application forms, conducting innovative outreach campaigns and forming partnerships with community-based organizations. We are now faced with maintaining our achievements through the reenrollment process and have focused on strategies that improve renewal forms and processes that are more consumer friendly and make reenrollment easier for families.

   Some of New Jersey's best practices include:
   Implementation of a more passive approach to reenrollment that eliminates the need to complete a new application form. New Jersey sends families a preprinted form with all the necessary information and requires families to review, note any changes and submit only one-month proof of income. Providing families with a self-addressed stamped envelope produces faster and greater turnaround of completed application forms and premium collection. Since families are more receptive to language that is similar to private health insurance, New Jersey uses the terms, renewal form, policyholder, and policy numbers. We have also found that telephone calls to families who have not responded to our mailings are also very effective. As we gain more experience in this area, innovations and improvements in retaining eligible children will continue to emerge.

5. What do you know about insurance coverage of those who disenroll or do not reenroll in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured?)? Describe the data source and method used to derive this information.

   A monthly report is generated by the State vendor, which captures insurance information of the families that disenroll from the program. This report captures both involuntary and voluntary disenrollment. However, this report does not break down how many obtained other public or private insurance. The state plans to initiate a disenrollment survey that will help capture this information.

2.6 Coordination between SCHIP and Medicaid:

1. Do you use common application and redetermination procedures (e.g., the same verification and interview requirements) for Medicaid and SCHIP? Please explain.

   The mail-in application is a joint Medicaid and SCHIP application. For redetermination, the State Vendor has the capability to preprint the application with the latest information in their file. The beneficiary is then asked to correct or update that information. The County Boards of Social Services do not have that same capability to mail the pre-printed application asking the families to provide updated information relating to changes such as, changes in family composition and income. We have instructed the State Vendor and the County Boards of Social Services that the redetermination period for all Medicaid programs has been changed from 6 to 12 months. In addition, the County Boards of Social Services were instructed that no case be terminated before evaluating for continued eligibility using data available from other sources, such as the Food Stamp or Work First New Jersey programs.

2. Explain how children are transferred between Medicaid and SCHIP when a child=s eligibility status changes

   The state vendor screens all applicants for potential Medicaid eligibility. Those that involve children that are members of families already receiving Title XIX benefits through the County Boards of Social Service, or children who are eligible for a Medicaid program which can only be evaluated by the county agency are sent to the County Boards of Social Services for an eligibility determination. The reverse is true if a family is evaluated at the County and is above 133% of the FPL (Medicaid expansion). This application will be sent to the State Vendor for an eligibility determination. The applications are sent to the County Board of Social Services or the State vendor making the process seamless to the family.

3. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain.

   Yes, the same delivery systems are used in Medicaid and SCHIP. There are six participating Health Maintenance Organizations for the delivery of health services.

2.7 Cost Sharing:

1. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found?

   A monthly report is generated by the state vendor which captures the number of children who are disenrolled for non-payment of premiums. From October 1999 through September 2000, 4,013 children were disenrolled for non-payment of premiums. We are currently evaluating this data.

2. Has your State undertaken any assessment of the effects of cost sharing on utilization of health service under SCHIP? If so, what have you found?

   New Jersey has not assessed the effects of cost sharing on utilization of health services under SCHIP.

2.8 Assessment and Monitoring of Quality of Care:

1. What information is currently available on the quality of care received by SCHIP enrollees? Please summarize results.

2. What processes are you using to monitor and assess quality of care received by SCHIP enrollees, particularly with respect to well-baby care, well-child care, immunizations, mental health, substance abuse counseling and treatment and dental and vision care?

3. What plans does your SCHIP program have for future monitoring/assessment of quality of care received by SCHIP enrollees? When will data be available?

*** Information for section 2.8 will be submitted at a later date.**

SECTION 3. SUCCESSES AND BARRIERS

This section has been designed to allow you to report on successes in program design, planning, and implementation of your State plan, to identify barriers to program development and implementation, and to describe your approach to overcoming these barriers.

3.1 Please highlight successes and barriers you encountered during FFY 2000 in the following areas. Please report the approaches used to overcome barriers. Be as detailed and specific as possible.

Note: If there is nothing to highlight as a success or barrier, Please enter "NA" for not applicable.

Eligibility:

New Jersey is strong in its commitment to ensuring access to health care for all citizens. It is known that the majority of parents of uninsured children are also uninsured. As a result, in September 2000 New Jersey expanded the NJ KidCare program to include parents under the NJ FamilyCare program using state funds. This means, parents of children, including those eligible for Medicaid or SCHIP, and single adults and couples without dependent children, are allowed to apply for health benefits using the same application and enrollment process which had previously been used for the children. Some of these parents would become eligible for Medicaid, through section1931 Medicaid expansion, and others would become eligible for State funded benefits. On January 18, 2001, New Jersey's 1115 waiver was approved to receive federal funds for the parents and pregnant women with income up to 200% of the FPL.

Under NJ FamilyCare, New Jersey implemented guaranteed coverage for foster children up until the age of 21 regardless of income and resources. This provision is good public policy because it encourages young people to work full time and establish themselves in the labor force without the fear of losing their medical coverage.

A barrier that faced NJ KidCare was that federal law would not allow states to cover lawfully admitted aliens who have been in the country less than five years. NJ FamilyCare covers any legal immigrant who is lawfully admitted for permanent residence after August 22, 1996. This includes adults up to 200% FPL, and children up to 350% FPL.

A Premium Support Program (PSP) is being developed under NJ FamilyCare. The program is designed to provide financial assistance to eligible adults, children, and families to acquire Employer Sponsored Insurance benefits. The program will be implemented in the near future.

Outreach:

NJ FamilyCare Program
Outreach Summary 2000

NJ FamilyCare has been extremely successful in our commitment to continued public awareness, outreach and enrollment throughout this last year. Our efforts focus on the cultivation and building of strong public and private partnerships.

Experienced field staff play an integral role in reaching out to eligible children and families. Our bi-lingual and multi-lingual community social service workers are strategically and conveniently located in twenty-one counties throughout the state. Potential applicants now have direct access to information and if needed, one-to-one assistance right in their own communities. In some cases, home visits or visits to rural areas are needed, and our field staff is poised and ready to serve.

Informational materials on NJ FamilyCare are now available in seven different languages including; Spanish, French, Portuguese, Korean, Polish, Chinese, and Arabic, making it possible for outreach efforts to touch every segment of the population. As a result of many of our strong collaborative outreach efforts, NJ FamilyCare is experiencing a tremendous demand and enrollments have skyrocketed. Our program not only expanded upon existing affiliations but has developed exciting new partnerships as listed below:

Public and Private Partnerships

Public Partnerships:

Housing Mortgage and Finance Administration (HMFA):
NJ FamilyCare partnered with the HMFA to outreach and enroll uninsured families residing in housing developments throughout the state. Working directly with the administrators who oversee the Housing Managers for rent controlled properties, NJ FamilyCare gained access to these families. The Housing Managers not only agreed to have NJ FamilyCare information available for families, but were also invested in helping these families access insurance by assisting with the distribution of program materials, and helping families complete the NJ FamilyCare application. It is anticipated that NJ FamilyCare will continue this collaborative effort into 2001.

Department of Labor:

- ***Rapid Response Team -***
  NJ FamilyCare continues to partner with the Department of Labor's Rapid Response Team. The Rapid Response Team has agreed to include an overview of the NJ Family Care program in presentations to businesses slotted for closing or layoffs. Our association with the Department of Labor will help to facilitate the enrollment of hundreds of eligible dislocated workers, who

might not be able to afford COBRA coverage.

- *NJ Employer Council -*
  As of September 2000, the office of NJ FamilyCare joined forces with the NJ State Department of Labor in collaboration with the New Jersey Employer Council. The Employer Council provides a communication link between the employer community and the Department of Labor on employment and training issues. There is a state council and nine regional councils.

  Outreach Coordinators from the Office of NJ FamilyCare participated in many of the regional meetings where employers (whose business is local to that region's council) were given a thorough presentation of the NJ FamilyCare program. In addition, the office of NJ FamilyCare participated in the New Jersey Employer Council Annual Statewide Conference by staffing a booth to provide valuable NJ FamilyCare information.

Department of Health and Senior Services (DHSS)

- ***Child Health Regional Network (CHRN)***
  The Office of NJ FamilyCare teamed-up with the Department of Health and Senior Services (DHSS) to provide comprehensive training for nurses and health professionals who work with CHRN. This network of health care providers services four regions. NJ FamilyCare provided training in each of the four regions to over 100 nurses and professionals who staff the Child Health Conferences and who work in child care settings in their region.

Private Partnerships:

The HealthCare Institute of New Jersey (HCINJ):
In 1999, NJ FamilyCare partnered with the Health Care Institute of New Jersey (HCINJ), which is the professional trade association of pharmaceutical and medical technology companies in New Jersey. HCINJ took on a new role in coordinating industry efforts into a special project. NJ FamilyCare was selected as the Institutes' first joint effort, primarily because our program's goal is in line with HCINJ: to increase access to health care for all individuals. HCINJ members determined that all efforts should work toward increased enrollment in the NJ FamilyCare program. A further stipulation was that the project included "hands-on" involvement. In addition to supporting our efforts with a financial commitment, HCINJ provided marketing, human resources and graphic design people to move this project forward. The partnership between NJ FamilyCare and the Institute included the following pharmaceutical companies; Pharmacia & Upjohn, Merck/Medco, Hoffman La Roche, Eisai, Johnson & Johnson, Novartis, Warner Lambert, Schering Plough, and Organon. The following lists highlights of some of the key activities involved in this special collaboration effort:

- ***NJ KidCare Application*:**
  Employees from Merck/Medco, Warner Lambert and Novartis were generous in providing time of marketing, human resources and graphic design employees to help revise the NJ KidCare application. With this team approach and the Institute's support of our program, we were able to design a simplified, colorful and user friendly application. Merck printed 10,000 applications

for a pilot project and Warner Lambert helped to translate the form into Spanish.

- ***Creating Community Partnerships:***
  The HealthCare Institute also challenged their members to develop "Community Partnerships" to help increase enrollment in NJ FamilyCare. Most members offered grants ranging from $5,000 to $50,000 dollars to participating agencies in their respective communities. Other members provided some great incentives, such as computers to help promote NJ FamilyCare and drive enrollment.

  - ***Hoffman La Roche:*** *Supported a faith based "inreach" and enrollment project in Passaic County by partnering with the United Way of Passaic County. This project involved taking existing data and working to achieve enrollments by direct contact with families already associated with faith- based entities.*

  - ***Pharmacia:*** *Partnered with five communities in Somerset County. Last spring, in Somerville School District for example, Pharmacia conducted a school based outreach and enrollment project. They worked hand-in-hand with the United Way of Somerset County to achieve NJ FamilyCare enrollments.*

  - ***Nycomed Amersham:*** *This fall Nycomed partnered with the Princeton School District and conducted a school based outreach and enrollment activity. They worked with two community-based organizations to help enroll all families identified in this school district.*

  - ***Schering Plough:*** *Distributed over 300 internet accessible lap top computers to the school nurses, helping them to gain easier access to the internet and ultimately NJ FamilyCare information.*

  - ***Novartis:*** *Planning to partner with the Plainfield-Morristown vicinity. They will be working with these school districts and collaborating with the United Way of Union County to conduct a computer raffle as an incentive for enrollments. This project is still in the planning stages.*

  - ***Merck/Medco:*** *Merck partnered with Linden/Rahway School districts in a successful enrollment campaign. They conducted a computer raffle as an incentive for student interest and involvement. A flyer was developed to catch the attention of students and families demonstrating the benefits of the NJ FamilyCare program. All students returning the flyer were entered into the raffle, and all identified families were contacted and enrolled by the United Way of Union County. Medco proposed a plan to work with the United Way of Burlington County and the Willingboro Recreation Department to identify and enroll all eligible families in that community.*

  - ***Johnson & Johnson:*** *Plans are in the works to develop a video with an accompanying training manual in collaboration with NJ FamilyCare. This will be used throughout the state as a comprehensive staff-training tool for social service agencies, community-based*

organizations, and healthcare providers. Johnson and Johnson will also be developing targeted mailings and incentives to be sent to families who have been determined eligible but have not enrolled.

Supermarkets/Pharmacies:

- ***Pathmark -*** *NJ FamilyCare partnered with Pathmark stores statewide. Pathmark agreed to print a NJ FamilyCare advertisement on all of their milk cartons. The positive exposure gained from this one-time collaboration was extremely successful. Pathmark also agreed to distribute NJ FamilyCare materials at all Pathmark pharmacies statewide.*

- ***Eckerd Pharmacy -*** *NJ FamilyCare partnered with Eckerd pharmacies statewide. The pharmacies agreed to distribute NJ FamilyCare brochures.*

- ***Acme -*** *NJ FamilyCare partnered with 70 Acme stores statewide. Acme put together a flyer which was distributed at all participating Acme stores, introducing a Health Fair in collaboration with NJ FamilyCare program. Free vaccinations for children and families and NJ FamilyCare information were made available to all Acme customers.*

- ***ShopRite -*** *NJ FamilyCare partnered with 100 ShopRite pharmacies statewide. The pharmacies agreed to hang NJ FamilyCare posters and distribute brochure.*

Grants

Health Research and Educational Trust of New Jersey: *The Robert Wood Johnson Foundation funded a three year grant which was used to identify the barriers involved when enrolling uninsured children in Medicaid and the NJ FamilyCare program. The grant "Covering Kids" focuses on how to implement solutions, alleviate barriers, and initiate outreach, enrollment, and educational programs through broad-based coalitions at state and local levels.*

The "Covering Kids Project" in New Jersey operates through a statewide coalition of government and state-based organizations that promote innovative activities and involve child advocates to realize its goals. The state-based organizations identified below collaborate with more than 28 other community-based organizations to successfully outreach and enroll eligible children:

- *La Salud Hispana*
- *St Joseph's Medical Center*
- *Gateway Maternal Child Health Consortium*
- *BCSB Family Life Development Center*
- *Tri-County Community Action Agency*

Gateway Training's through RWJ/Covering Kids Grant

The office of NJ FamilyCare provided training to over 400 outreach workers who participated in the Extensions Program (a voluntary statewide educational association) with Gateway Maternal Child Health Consortium. These trainings, although initially developed for the Extensions

Association, have drawn health care professionals from throughout the state of New Jersey to receive training on the NJ KidCare and now the NJ FamilyCare program. Since NJ FamilyCare subsumed NJ KidCare, the requests for attendance at these trainings has been overwhelming in every county. NJ FamilyCare has met the challenge of providing these trainings when and where they are needed.

Community-Based Organization Grants:

The NJ FamilyCare Outreach and Enrollment Campaign was initiated to maximize the potential participation of eligible uninsured children and families throughout New Jersey. Consideration was given to public and private provider entities that have established links to families in the community. Realizing that families often turn to known and trusted community structures for guidance and assistance, NJ FamilyCare proposed to build upon existing community relationships, to make certain that uninsured families are identified and enrolled. Phase I of this campaign successfully contracted with 41 Community Based Organizations (CBOs) including hospitals, faith-based, and school-based organizations.

Approximately $1 million was budgeted for this initiative for fiscal year 2000 and 2001. Awards in the amount of $25 are paid to the grantees for each successfully executed application resulting in enrollment in the NJ FamilyCare program. A one-time start-up award in the amount of $1,000 is made to each grantee selected to provide services. The purpose of these grants is to:

- *Identify eligible families and children that may qualify for NJ FamilyCare.*
- *Identify activities and programs that can support a specific plan for enrollment.*
- *Develop and implement new outreach methods that will identify potential NJ FamilyCare participants.*
- *Identify the full extent of assistance needed to potential NJ FamilyCare eligibles which will help them to complete the NJ FamilyCare enrollment package, the application and all other required documentation.*

In addition, performance based agreements were entered into with other publicly funded programs. The agreements stated that the entities would "inreach" (search existing files) to identify and enroll children. Performance based agreements were reached with the Federally Qualified Health Centers (FQHCs), NJ Special Child Health Services, The Maternal Child Health Consortia, and Women, Infants, and Children Program (WIC). Early results show the following:

- *As of November 2000, the 41 outreach and enrollment grantees have enrolled 2,500 families.*
- *As of October 2000, the 12 Federally Qualified Health Centers (FQHC) have enrolled 1,798 families.*
- *As of October 2000, the 7 Maternal Child Health Consortia's have enrolled 854 families.*
- *As of October 2000, 19 WIC's have enrolled 1,490 families.*

**Please note that the implementation of these grants began at various times.*

Hudson County Hispanic Outreach Grant:

NJ FamilyCare partnered with the Barents Group, a health economics practice out of Washington DC, and the Health Care Financing Administration (HCFA). HCFA provided a Hispanic Research grant in Hudson County to increase the enrollment of Hispanic/Latino families in the NJ FamilyCare program.

October 1999, NJ FamilyCare staff spent 2 weeks in Hudson County meeting with community agencies, individuals, media representatives and faith-based organizations to determine the best possible approach in reaching the Latino population. Five community-based organizations in the county were identified to take on this outreach project:

- *PACO*
- *Jersey City Family Health Center*
- *North Hudson Community Action Corp.*
- *St. Mary's Hospital/St. Francis Hospital*
- *Horizon Health Center*

A mid year evaluation was performed and as a result of poor performance by some agencies, we continued the grant with only three grantees. As of October 2000, these three agencies have enrolled well over 700 minority families.

School Targeted Outreach

Targeting families through school enrollment continues to be an excellent strategy to identify eligible participants who may qualify to take advantage of the benefits of the NJ FamilyCare program. Our program has established numerous successful partnerships for outreach within the schools throughout New Jersey.

- ***Free and Reduced Lunch Application:***
  NJ FamilyCare has arranged to have a "check off box" on the Free and Reduced Lunch Application. This helps us to identify interested families who are seeking information on the NJ FamilyCare program. When a family checks off the box, we ensure that a NJ FamilyCare application is sent directly to their place of residence.

- *As of October 2000, 4,370 families have requested applications*
- *46% have returned the application*
- *25% have been enrolled in the program*

- ***School Pilot Project: "We've Got You Covered Raffle"***
  In October 1999, a 12-month project to encourage enrollment and provide NJ KidCare program information, resulted in ***The Barents Group: Hudson Co. School model****. The model set up a "We've Got You Covered Raffle" in five Hudson County school districts. All students, who returned a NJ FamilyCare flyer signed by their parents, became eligible to win personal computers, generously donated by the HealthCare Institute of New Jersey, (a trade association of Pharmaceutical and Medical Technology Industry in New Jersey).* A *CD disk player and other prizes were also donated. The CBO's were involved and they contacted each family to*

ensure resolution. This model has been replicated by other school districts to identify and enroll eligible families.

- ***NJ KidCare Ambassadors:***
  In June 2000, a group of eighth graders from a middle school in Livingston, New Jersey started a petition and letter writing campaign, targeting local politicians and Governor Whitman, urging legislators to do everything they could to provide health insurance for all children. As a result, NJ KidCare representatives visited the school to listen to the students' concerns leading them to give these adolescent activists the title of "Youngest Ambassadors of NJ KidCare." This inspired the students to spearhead an effort to promote children's health insurance to all families in their district. The students organized an assembly where they performed original skits about why kids need health insurance. Performing students answered questions from other students, parents, and members of the community on how to get more information on NJ KidCare.

- ***Scholastic Inc.:***
  Beginning December 2000, an extraordinary and exciting new partnership was formed with Scholastic, Inc. Scholastic, Inc. is a leading educational publisher in the nation and well recognized by professional educators. Working with the Office of NJ FamilyCare on the design and development of promotional materials, Scholastic will outreach to principals and school nurses in all public, charter, private, and parochial schools, to District Health Services Directors, and to directors of Early Childhood Centers. The mailing is going out to over 10,000 recipients, who will be invited to participate in an upcoming enrollment program to take place in Spring, 2001. As an incentive to encourage participation, the first 1,200 schools/day care centers to reply will receive a $150 gift certificate to Scholastic Incorporated.

  This vitally important outreach effort targets every classroom in every school in New Jersey. All participating schools/day care centers will receive sufficient informational flyers for every child in their school. The flyer not only will contain a description of the NJ FamilyCare program, but a tear-off to return to school in order to receive an application, and a listing of community enrollment sites where assistance in filling out the application can be obtained.

  A contact person in each school will be responsible for coordinating the outreach within his or her school. They will be sent a NJ Family Care package including:
  - *An instructional brochure explaining what NJ FamilyCare is, who might be eligible, and how to best coordinate the outreach and maximize enrollment*
  - *The aforementioned informational flyers*
  - *A poster for the teacher's lounge area*
  - *Reproducible materials (found on the back of the poster) including a teacher's discussion and activity guide, a letter about the enrollment campaign to go to all teachers and other staff, "How to apply" information in the 6 most prominent languages spoken in NJ (other than English and Spanish), and a form for ordering additional NJ FamilyCare information*
  - *50 applications – 40 in English and 10 in Spanish.*

Scholastic will create a database of all schools who respond, which will be provided to NJ

FamilyCare. This allows us not only the ability to see where our efforts have been successful, but will give us a "point person" in each school to whom future information and updates in the program can be sent.

Other Outreach Strategies

- ***NJ FamilyCare Newsletter:***
  In the spring of 2000 NJ FamilyCare began distributing a bi-annual newsletter. This newsletter is distributed to enrollment sites, legislators, and advocacy groups. The newsletter highlights different outreach initiatives, discusses enrollment numbers, and gives general information and program updates. The third issue will be available and distributed in the spring of 2001.

- ***NJ FamilyCare Website (www.njfamilycare.org):***
  Keeping pace with the latest advances in technology, our NJ FamilyCare website allows families to obtain eligibility information, program information, and conveniently enables users to download the complete NJ FamilyCare application.

- ***Electronic Birth Registry:***
  Using the Electronic Birth Registry, an NJ FamilyCare introductory letter is mailed from the Governor two months after the birth of a child, informing parents of the NJ FamilyCare program.

- ***Americorp Promise Fellows:***
  As of May 2000, NJ FamilyCare has been serving as a host to one "Promise Fellow" as part of a grant received from the NJ Commission on National and Community Services Learn and Serve America Program. Our "Promise Fellow" has assisted us in the expansion of the NJ FamilyCare outreach efforts statewide. Objectives and activities include; establishing community contacts, increasing awareness and enrollment within minority communities, and identifying key leaders in ethnic communities to engage them as partners in the NJ FamilyCare enrollment process.

- ***New Jersey Interscholastic Athletic Association:***
  NJ FamilyCare has partnered with the New Jersey Interscholastic Athletic Association. This joint effort presented us with the opportunity to speak with high school coaches and athletic trainers actively involved in all sports throughout the state. This targeted outreach focuses on adolescent athletes and their families. This outreach will continue into 2001.

NJ FamilyCare will continue its' quest to effectively build and foster new partnerships and collaborations in both the public and private sectors. NJ FamilyCare, through creative and proactive outreach efforts, has successfully identified, enrolled and insured over 76,000 children and over 70,000 adults.

Enrollment:

As of September 30, 2000, 73,897 children were enrolled in NJ FamilyCare. Recently our

biggest challenge has been enrolling our Plan D children. These are children in families with income from 201% of the FPL to 350% of the FPL. Our marketing and outreach efforts will continue to evolve to get the message out to the appropriate target population.

Retention/disenrollment:

Please see section 2.5 question 4.

Benefit structure – N/A

Cost-sharing – N/A

Delivery systems – N/A

Coordination with other programs:

NJ FamilyCare has been successful in coordinating with many publicly funded programs. We work closely with program in the Department of Health and Senior Services, such as, WIC, Special Child Health Services, Maternal Child Health Consortia's, and Local Health Departments. These programs have been extremely active in outreaching and enrolling eligible families.

Crowd-out:

Please s*ee section 2.3*

SECTION 4. PROGRAM FINANCING

This section has been designed to collect program costs and anticipated expenditures.

4.1 Please complete Table 4.1 to provide your budget for FFY 2000, your current fiscal year budget, and FFY 2002 projected budget. Please describe in narrative any details of your planned use of funds.
Note: Federal Fiscal Year 2000 starts 10/1/99 and ends 9/30/00).

	Federal Fiscal Year 2000 costs	Federal Fiscal Year 2001	Federal Fiscal Year 2002
Benefit Costs			
Insurance payments	58,341,622	71,718,914	73,574,752
Managed care			
per member/per month rate X # of eligibles	N/A	N/A	N/A
Fee for Service	10,984,694	13,498,427	13,847,720
Total Benefit Costs	69,326,316	85,217,341	87,422,472
(Offsetting beneficiary cost sharing payments)	4,455,105	6,286,300	6,448,968
Net Benefit Costs	64,871,211	91,503,641	93,871,440
Administration Costs			
Personnel			
General administration	7,207,912	10,167,071	10,430,160
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/marketing costs			
Other			
Total Administration Costs	7,207,912	10,167,071	10,430,160
10% Administrative Cost Ceiling	7,207,912	10,167,071	10,430,160
Federal Share (multiplied by enhanced FMAP rate)	4,685,144	6,608,596	6,779,604
State Share	2,522,768	3,558,475	3,650,556

TOTAL PROGRAM COSTS	**72,079,123**	**101,670,712**	**104,301,600**

Note: Budgeted benefit amounts for federal fiscal year 2001 and 2002 are distributed to the line items based on ratio of actual amounts for federal fiscal year 2000.

4.2 Please identify the total State expenditures for family coverage during Federal fiscal year 2000.

There were no expenditures for family coverage during federal fiscal year 2000.

4.3 What were the non-Federal sources of funds spent on your CHIP program during FFY 2000?

__X__ State appropriations
_____ County/local funds
_____ Employer contributions
__X__ Foundation grants - *Robert Wood Johnson Foundation – "Covering Kids" grant*
__X__ Private donations (such as United Way, sponsorship)
_____ Other (specify) _____

A. Do you anticipate any changes in the sources of the non-Federal share of plan expenditures?

No anticipated change in the sources of the non-federal share of plan expenditures.

SECTION 5: SCHIP PROGRAM AT-A-GLANCE

This section has been designed to give the reader of your annual report some context and a quick glimpse of your SCHIP program.

5.1 To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. If you do not have a particular policy in-place and would like to comment why, please do. (Please report on initial application process/rules)

Table 5.1	**Medicaid Expansion SCHIP program**	**Separate SCHIP program**
Program Name		
Provides presumptive eligibility for children	_____No **X** Yes, for whom and how long? ***Children in families with income up to 133% FPL, PE period lasts from the date of service to the end of the following month***	_____No **X** Yes, for whom and how long? ***Children in families with income up to 200% FPL, PE period lasts from the date of service to the end of the following month***
Provides retroactive eligibility	_____No X Yes, for whom and how long? ***Children in families with income below 133% FPL eligibility applies back to the first day of the month of application. Retroactive eligibility is available to cover unpaid medical bills for the three months prior to the month of application, if the requirements for eligibility are met in each of the three months.***	X No _____Yes, for whom and how long?
Makes eligibility determination	__X__State Medicaid eligibility staff _____Contractor _____Community-based organizations _____Insurance agents _____MCO staff _____Other *(specify)* _____	_____State Medicaid eligibility staff __X__Contractor _____Community-based organizations _____Insurance agents _____MCO staff _____Other *(specify)* _____
Average length of stay on program	Specify months N/A	Specify months N/A
Has joint application for Medicaid and SCHIP	_____No __X__Yes	_____No __X__Yes

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
Has a mail-in application	_____No __X__Yes	_____No __X__Yes
Can apply for program over phone	_____No __X__Yes, ***documentation must be submitted***	_____No __X__Yes, ***documentation must be submitted***
Can apply for program over internet	_____No __X__Yes, ***Application can be downloaded off the NJ FamilyCare website.***	_____No __X__Yes, ***Application can be downloaded off the NJ FamilyCare website.***
Requires face-to-face interview during initial application	__X__No _____Yes	__X__No _____Yes
Requires child to be uninsured for a minimum amount of time prior to enrollment	__X__No _____Yes, specify number of months _____ What exemptions do you provide?	_____No __X__Yes, specify number of months _____ What exemptions do you provide**?** ***Under NJ FamilyCare Plans B, C, and D the six-month waiting period still applies to those children who are covered under an employer-sponsored group plan. As of July 1, 1999 the waiting period was eliminated for families purchasing health care coverage from an individual plan or COBRA. These families income must be at or below 200 percent of the FPL. Also, exceptions will be made to the six-month requirement:*** • ***If prior coverage was lost because an employer went out of business or the employee was laid off, changed jobs.*** • ***However, if the caregiver changed jobs and is eligible for group insurance at the new job it must be more expensive than the NJ KidCare rate.***
Provides period of continuous coverage <u>regardless of income changes</u>	___X__No _____ Yes, specify number of months _____ Explain circumstances when a child would lose eligibility during the time period	__X__No _____Yes, specify number of months _____ Explain circumstances when a child would lose eligibility during the time period
Imposes premiums or enrollment fees	__X__No _____Yes, how much? _____ Who Can Pay? ___ Employer ___ Family ___ Absent parent	_____No __X__Yes, how much? <u>Plan C - $15, Plan D $30-$100</u> _____ Who Can Pay? ___ Employer ___ Family

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
	___ Private donations/sponsorship ___ Other (specify) _____	___ Absent parent ___ Private donations/sponsorship _X__ Other (specify) ***The family is billed, and we do not monitor who actually makes the payment.*** _____
Imposes copayments or coinsurance	__X___No _____Yes	_____No ___X___Yes, ***Plans C & D $5-$35***
Provides preprinted redetermination process	_____ No __X___ Yes, we send out form to family with their information precompleted ___	_____ No ___X__ Yes, we send out form to family with their information precompleted

5.2 Please explain how the renewal process differs from the initial application process.

The renewal process differs from the initial application only insofar as it is a more passive process for applicants. The family is sent a pre-printed form, which includes name, address, and family composition, they are asked to simply re-verify information, which is not likely to change, and to update any information that has changed. For the family's convenience a self-addressed stamped envelope is included.

SECTION 6: INCOME ELIGIBILITY

This section is designed to capture income eligibility information for your SCHIP program.

6.1 As of September 30, 2000, what was the income standard or threshold, as a percentage of the Federal poverty level, for countable income for each group? If the threshold varies by the child=s age (or date of birth), then report each threshold for each age group separately. Please report the threshold after application of income disregards.

Title XIX Child Poverty-related Groups or Section 1931-whichever category is higher
Note: For section 1931 the income limit did not change, but an earned income disregard was added which is the difference between the AFDC payment standard in effect 7/16/96 and 133% of the FPL.

185 % of FPL for children under age 1
133 % of FPL for children aged 1 thru 5
100 % of FPL for children aged 6 thru 18

Medicaid SCHIP Expansion

133 % of FPL for children aged 6 thru 18 if uninsured
____% of FPL for children aged _____
____% of FPL for children aged _____

State-Designed SCHIP Program

200 % of FPL for children aged all children up to 19
350 % of FPL for children aged all children up to 19 (income between 200% and 350% is disregarded
____% of FPL for children aged _____

6.2 As of September 30, 2000, what types and *amounts* of disregards and deductions does each program use to arrive at total countable income? *Please indicate the amount of disregard or deduction used when determining eligibility for each program. If not applicable, enter ANA.@*

Do rules differ for applicants and recipients (or between initial enrollment and redetermination) ____ Yes X No
If yes, please report rules for applicants (initial enrollment).

Table 6.2

	Title XIX Child Poverty-related Groups	Medicaid SCHIP Expansion	State-designed SCHIP Program
Earnings	$90	$90	$0
Self-employment expenses	$90	$90	$0
Alimony payments Received	$0	$0	$0
Paid	All	All	$0
Child support payments Received	$50	$50	$0
Paid	All	All	$0
Child care expenses	See below*	See Below*	$0
Medical care expenses	$0	$0	$0
Gifts	$0	$0	$0
Other types of disregards/deductions (specify)	N/A	N/A	Plan D disregard for all income 200%-350%

* $175/mo per child are two or older, or incapacitated adult, for all full time employment.

$200/mo per child under age two, for full time employment

$135/mo per child age two or older, or incapacitated adult, for part time employment

$150/mo per child under age two, for part time employment

6.3 For each program, do you use an asset test?

Title XIX Poverty-related Groups	X No	____Yes, specify countable or allowable level of asset test_____
Medicaid SCHIP Expansion program	X No	____Yes, specify countable or allowable level of asset test_____
State-Designed SCHIP program	X No	____Yes, specify countable or allowable level of asset test_____
Other SCHIP program_____	____No	____Yes, specify countable or allowable level of asset test_____

6.4 Have any of the eligibility rules changed since September 30, 2000? X Yes ___ No

SECTION 7: FUTURE PROGRAM CHANGES

This section has been designed to allow you to share recent or anticipated changes in your SCHIP program.

7.1 What changes have you made or are planning to make in your SCHIP program during FFY 2001(10/1/00 through 9/30/01)? Please comment on why the changes are planned.

1. Family coverage –

   For more information on family coverage please see section 2.1

2. Employer sponsored insurance buy-in

   See section 2.2

3. 1115 waiver

   As of January 2001, New Jersey has been approved by the Health Care Financing Administration for an 1115 Waiver to provide family coverage under CHIP for families and pregnant women with gross income below 200% of poverty. As part of the waiver New Jersey will be able to claim federal financial participation at the enhanced CHIP rate of 65% for coverage.

4. Eligibility including presumptive and continuous eligibility – *no change*

5. Outreach –

   New Jersey is committed to continue building successful public and private partnerships. Listed below are a few examples of what we have developed for the coming year:

   Public Partnerships:

   Medical Support:
   New Jersey has received a one-year $50,000 federal grant to test a public/private sector collaborative developed by the Department of Human Services Office of Child Support and Paternity Programs and the Office of NJ FamilyCare. Through this grant, the State Department of Human Services (DHS) and Family Division of Superior Court in Middlesex County will ensure that children actually receive health insurance when it has been court ordered. Often non-custodial parents are ordered to provide medical coverage as part of their child support payments, however, they are unable to do so because it is unavailable or unaffordable through the employer. The goal is to link these children and their families through the court to NJ FamilyCare. It will target children at a key moment when their parents are working out support arrangements before a Superior Court Judge. Beginning in February 2001, an "in court facilitator" from NJ FamilyCare will review each case in

which a non-custodial parent has indicated that he or she will not be able to provide health insurance for his or her children. This grant will last one year, and New Jersey will use what they learn from this pilot as a way to improve the system and expand the initiative statewide.

New Jersey Immigration Policy Network (NJIPN):
NJ FamilyCare is exploring the feasibility of partnering with NJIPN to develop and implement a statewide plan for creating linguistically and culturally relevant outreach and enrollment strategies that would facilitate access and active participation of the state's immigrant families and their children into the NJ FamilyCare program. To accomplish this mission the NJIPN anticipates contracting with 12 community based organizations throughout the state, which will be provided with education, training and technical assistance to identify and address problems and barriers to accessing health care benefits.

Private Partnerships:

Media
October 2000, New Jersey began an ad campaign with Governor Whitman to promote the change from NJ KidCare to NJ FamilyCare. Offering a unique benefit incentive to potential applicants and to add even greater value and interest in NJ FamilyCare enrollment we partnered with Friendly's restaurant and the State Aquarium. Families who applied for NJ FamilyCare prior to December 31, 2000 received a coupon for one free Friendly's ice cream cone and free admission to the State Aquarium. As of December 2000, 56,000 families have submitted an application for the NJ FamilyCare program.

McDonalds Corporation:
New Jersey, Delaware and Pennsylvania are partnering in a joint advertising effort with the McDonalds Corporation.

Wal-Mart:
Wal-Mart has agreed to participate in a National CHIP Awareness Campaign in February 2001. This will kick off their March "Babies First Campaign." Wal-Mart stores throughout the country will serve as hosts for this event. NJ FamilyCare program materials will be made available to the 23 Wal-Mart Stores in New Jersey for this event. Sponsors of this event include Wal-Mart, Proctor and Gamble, and the American Academy of Pediatrics.

Maximus, Inc.
New Jersey is utilizing the outreach and education efforts of their State Vendor, Maximus, for future innovative outreach efforts. Maximus works closely with the State of New Jersey, community based organizations and our contracted HMO's to put together effective strategies to targeting NJ FamilyCare enrollees. Listed below are a few efforts which will be utilized for the coming year:

- **Tell A Friend Campaign:**
  Family/friends continues to be the number one place that callers who request a NJ FamilyCare application hear about the program. Based on this information Maximus will be piloting a Tell A Friend Campaign. A mailing will be sent to 2,000 NJ

FamilyCare enrollees asking them to help a friend or family member become enrolled. An incentive will be offered to those who help someone enroll.

- **Center for Health Literacy:**
  Maximus has formed a Center for Health Literacy and Social Research. The Center will help develop consumer health information materials according to best practice guidelines of readability and cultural appropriateness, and to conduct research and development activities that contribute to the ongoing development of more health literate consumers nationally.

  The Centers activities include:
  - *Evaluating reading level and accessibility of materials*
  - *Establishing best practices guidelines for linguistically and culturally appropriate materials*
  - *Conducting on-going quality control for translation of materials into languages other than English*
  - *Testing communications systems and approaches with target audiences*
  - *Exploring how new technologies can be used to reach diverse populations; and streamlining administrative processes, such as enrollment methods and call center scripts*

The center will oversee the design and data collection of all NJ FamilyCare outreach and enrollment materials. They anticipate the general reading level of materials to be at the 5th grade level.

6. Enrollment/renewal process –
New Jersey is committed to making the enrollment and renewal process as simple for families as possible. As a result, families who must pay a monthly premium for NJ FamilyCare coverage now have the opportunity to pay by credit card.

New Jersey is exploring some very innovative areas to improve retention. Beginning March 2001, the New Jersey Negative Case Action Review program will obtain monthly listings of NJ FamilyCare applicants whose applications were withdrawn, timed out, or denied for Title XIX, Title XXI, or the state only funded Medicaid program. A sample of applicants will be selected and outreached by telephone or home visit to determine if their application was correctly processed and to make sure the family was considered for all types of NJ Medicaid coverage for which they may be eligible. A minimum of 50 negative actions will be examined each month.

New Jersey is in the process of establishing a retention unit as part of the contract with the state vendor. This unit will be responsible for a multi-pronged approach to retention, which will include Health Benefit Coordinators who will be solely responsible for outreaching families at renewal. These calls will be made to families at various points in the renewal process. For example, families may be called and advised that the renewal packet is coming, calls may be made immediately following that first reminder or calls may be made to families

who have not responded to the renewal package. Calls and results will be tracked in order to assess the best time to place such calls. Staff assigned to this unit will also make home visits. As in the initial application process, experience has shown that personal contact, including home visits, is the most effective way to complete applications.

New Jersey is also exploring the possibility of working with our six-contracted HMO's to help retain children in the program. All six HMOs' have agreed to submit an outreach plan to help sustain enrollment in their plans.

Additionally, the program will be sending an exit survey to all disenrolled families (voluntary and involuntary) to assess satisfaction with the program, and also reasons why they did not reenroll in the program.

New Jersey is currently participating in a disenrollment study, an initiative supported by the National Academy for State Health Policy with funding from the Davis and Lucille Packard Foundation and the Henry J Kaiser Family Foundation, which will include focus groups, telephone surveys and an analysis of its current reenrollment practices and procedures. This project will help us better understand the factors that keep most children enrolled in the program. It will examine what families value most about the program and how the program benefits their children. It will also examine how families view the renewal process. By enhancing those aspects of the program that parents value most and by minimizing those aspects that tend to push families out, we hope to improve retention in the program.

7. Contracting

Since the inception of the program two contractors were responsible for the eligibility determination and for the HMO enrollment. As of January 2001 New Jersey has only one vendor for both eligibility determination and HMO enrollment. The process of having two vendors was seamless to our families however, it did pose a problem to the vendors when the application was received and the two documents (application, and HMO plan selection form) were sent to two separate places. We hope that having one vendor will eliminate any delay the separation may have caused.

Attachment 1

NJ FamilyCare ELIGIBILITY UNIT COMPLAINTS OCTOBER 1, 1999 THROUGH SEPTEMBER 30, 2000		
Month/Year	**Number of Complaints**	**Increase (Decrease)**
October 1999	22	N/A
November 1999	27	5
December 1999	18	(9)
January 2000	26	8
February 2000	16	(10)
March 2000	13	(3)
April 2000	16	3
May 2000	12	(4)
June 2000	11	(1)
July 2000	16	5
August 2000	16	0
September 2000	12	(4)
Total	**205**	**N/A**

Attachment 2

NJ FamilyCare ELIGIBILITY UNIT GRIEVANCE REVIEW OCTOBER 1, 1999 THROUGH SEPTEMBER 30, 2000						
Month/Year	**Number of Letters Received**	**In Review Process**	**Dismissed**	**Submitted to Grievance Review Board**	**Submitted to DMAHS for Fair Hearing**	**Corrected Administratively**
October 1999	11	0	9	0	0	2
November 1999	27	8	14	0	0	5
December 1999	22	8	11	0	0	3
January 2000	16	5	6	0	0	5
February 2000	17	3	7	0	0	7
March 2000	19	6	9	0	0	4
April 2000	17	3	11	0	0	3
May 2000	21	14	7	0	0	1
June 2000	16	1	9	0	0	6
July 2000	17	1	13	0	0	3
August 2000	11	0	11	0	0	0
September 2000	13	7	0	0	0	6
Total	**207**	**56**	**107**	**0**	**0**	**45**

Attachment 3

NJ FamilyCare ELIGIBILITY UNIT CHILDREN BY ETHNIC GROUP OCTOBER 1, 1999 THROUGH SEPTEMBER 30, 2000					
Ethnic Group	**Plan A**	**Plan B**	**Plan C**	**Plan D**	**Total Children**
Asian	1,186	145	374	596	**2,301**
Black	7,230	555	1,127	1,333	**10,245**
Hispanic	10,162	806	2,246	2,473	**15,687**
Native American	107	2	6	66	**181**
White	8,079	751	2,375	4,662	**15,867**
Other	1,503	86	296	473	**2,358**
No Response	1,695	48	320	656	**2,719**
Total	**29,962**	**2,393**	**6,744**	**10,259**	**49,358**

Attachment 4

NJ FamilyCare ELIGIBILITY UNIT CHILDREN BY LANGUAGE SPOKEN[1] FROM OCTOBER 1, 1999 THROUGH SEPTEMBER 30, 2000					
Language	**Plan A**	**Plan B**	**Plan C**	**Plan D**	**Total Children**
Arabic	324	19	25	79	**447**
Chinese	98	9	34	37	**178**
Danish	1	0	0	(1)	**0**
Dutch	0	0	1	1	**2**
English	17,451	1,906	5,296	5,321	**29,974**
French	198	28	38	45	**309**
German	(1)	(2)	1	2	**0**
Greek	22	1	17	16	**56**
Hebrew	17	(4)	3	2	**18**
Hindi	52	3	12	47	**114**
Hungarian	6	(3)	2	5	**10**
Indian	65	14	22	25	**126**
Iranian	0	0	0	0	**0**
Italian	12	6	9	5	**32**
Japanese	9	1	(3)	6	**13**
Korean	229	45	105	107	**486**
Mandarin	9	2	7	7	**25**
Pakistani	12	0	0	0	**12**
Persian	16	1	23	5	**45**
Philipina	5	2	(1)	2	**8**
Polish	96	(2)	36	93	**223**
Portuguese	194	15	59	100	**368**
Romanian	2	(1)	2	1	**4**
Russian	33	6	14	42	**95**
Spanish/English	6,685	549	1,585	1,616	**10,435**
Spanish/No English	1,419	139	353	155	**2,066**

NJ FamilyCare ELIGIBILITY UNIT CHILDREN BY LANGUAGE SPOKEN[1] FROM OCTOBER 1, 1999 THROUGH SEPTEMBER 30, 2000					
Language	**Plan A**	**Plan B**	**Plan C**	**Plan D**	**Total Children**
Swedish	0	0	0	0	**0**
Tagalog	18	0	7	12	**37**
Thai	3	1	(3)	4	**5**
Turkish	70	3	19	13	**105**
Ukranian	1	5	4	1	**11**
Urdu	130	3	21	36	**190**
Vietnamese	63	13	40	18	**134**
Yugoslavian	9	0	(2)	9	**16**
Other	163	19	45	53	**280**
Total	**27,411**	**2,778**	**7,771**	**7,864**	**45,824**

Attachment 5

NJ FamilyCare ELIGIBILITY UNIT APPLICATIONS REFERRED TO COUNTY BOARDS OF SOCIAL SERVICES OCTOBER 1, 1999 THROUGH SEPTEMBER 30, 2000		
	Applications	
County	**Numbers**	**Percent**
Atlantic	18	5%
Bergen	(14)	-4%
Burlington	4	1%
Camden	45	12%
Cape May	(1)	0%
Cumberland	(3)	-1%
Essex	169	44%
Gloucester	5	1%
Hudson	79	21%
Hunterdon	(3)	-1%
Mercer	9	2%
Middlesex	4	1%
Monmouth	5	1%
Morris	(3)	-1%
Ocean	1	0%
Passaic	25	7%
Salem	(1)	0%
Somerset	4	1%
Sussex	(2)	-1%
Union	45	12%
Warren	(2)	-1%
Total	**384**	**100%**

Zero percent may represent less than 1 percent